DOCUMENT RESUME

ED 105 122 CE 003 382

TITLE	An Annotated Bibliography of Basic Documents Related to Health Manpower Programs.
INSTITUTION	Health Resources Administration (DHEW/PHS), Rockville, Md. Div. of Comprehensive Health Planning.
REPORT NO	DHEW-HRA-75-7
PUB DATE	Sep 74
NOTE	78p.
EDRS PRICE	MF-$0.76 HC-$4.43 PLUS POSTAGE
DESCRIPTORS	*Annotated Bibliographies; *Federal Legislation; *Health Personnel; Reports; Speeches

ABSTRACT

The bibliography includes documents and studies considered by the compilers to be landmarks in the sense that they appear to have influenced the health manpower legislation or policy of the Federal government. The emphasis is on the 1956 to 1974 period. Five sections, arranged chronologically, list: significant legislation, 1956 to August 1973; Presidential statements, from Truman to Nixon; other statements, mostly by secretaries and assistant secretaries of the Department of Health, Education and Welfare, from 1953 to 1973; significant reports issued by the Federal government, from 1948 to 1973; and other reports, from 1910 (The "Flexner Report") to 1974. An appendix lists bibliographies on health manpower which include references to "other-than-landmark" works in the field. Authors' names are indexed. (JR)

ED105122

JAN 23 1975

U.S. DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

AN ANNOTATED BIBLIOGRAPHY OF

BASIC DOCUMENTS

RELATED TO HEALTH MANPOWER PROGRAMS

Monographs and Data on Health Resources Planning

AN ANNOTATED BIBLIOGRAPHY OF BASIC DOCUMENTS RELATED TO HEALTH MANPOWER PROGRAMS

DHEW PUBLICATION (HRA) 75-7

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Resources Administration
Bureau of Health Resources Development
Division of Comprehensive Health Planning
5600 Fishers Lane
Rockville, Maryland 20852

September 1974

PREFACE

This bibliography provides a historical perspective on major governmental and other documents relating to health manpower, with emphasis on those issued from 1956 through early 1974. The selection of documents has sought to include all major items which contributed directly and significantly to the development of health manpower legislation and policy, including recognized "landmark" studies conducted by Government groups, professional organizations, and individual scholars. Other important factual, statistical, and analytical studies dealing with health manpower have been omitted, primarily because they do not appear to have influenced health manpower legislation or policy. References to these may be found in various general and special bibliographies on health manpower, for which a listing is provided in the Appendix.

Section I provides references to major Federal health manpower legislation and related hearings, and includes their legislative history and summaries of their provisions, quoted or summarized from various sources. Section II focuses on major Presidential statements concerning health manpower. Section III consists of significant speeches and other statements on health manpower made by key officials of the Department of Health, Education, and Welfare since the creation of the Department in 1953. Section IV furnishes references to "landmark" Federal reports and Section V refers to "landmark" publications published by non-Governmental authorities. Within each section, the material has been arranged chronologically in order to give a historical perspective of trends in the health manpower field.

The initial selection of documents was made in consultation with members of the senior professional staff in the Bureau of Health Resources Development. A preliminary draft of the bibliography was then circulated in the Bureau, and on the basis of staff comments, some references were deleted, others added. The designation "landmark" is to some extent judgmental; some significant studies may unintentionally have been omitted. We hope that readers will call our attention to such omissions so that they may be included in any future revision of the bibliography.

The project which resulted in this report was initiated in the Division of Manpower Intelligence, a component of the Bureau of Health Resources Development until March 1, 1974, when it was dissolved in conjunction with reorganization of the Bureau. Requested by Dr. William A. Lybrand, formerly Director of DMI and now Acting Associate Administrator for Scientific Affairs, Health Resources Administration, this publication was prepared by Dr. Josephine D. Arasteh and Ms. Elizabeth Herbert Elliott, with Mr. Herman Sturm providing guidance throughout its preparation.

CONTENTS

		Page
Preface		iii
Section I	Legislation	1
Section II	Presidential Statements	25
Section III	Statements of Other Federal Officials	39
Section IV	Significant Reports Issued By the Federal Government	57
Section V	Other Significant Reports	67
Appendix	Selected List of Bibliographies on Health Manpower	77
	Index of Author's Names	79

SECTION I:
LEGISLATION

100 Health Amendments Act of 1956 (Graduate Training of Professional Public Health Personnel). August 2, 1956 (P.L. 84-911)

Authorized funds to increase the number of adequately trained professional and practical nurses and professional public health personnel and to promote the development of improved methods of care and treatment in the field of mental health, and for other purposes.

HEARINGS: 84TH CONGRESS, SECOND SESSION

House: Committee on Interstate and Foreign Commerce. Subcommittee on Health and Science. *Health Amendments Act of 1956; Hearings on H.R. 11549, H.J.Res. 485, and S. 3958*. Washington, D.C.: U.S. Government Printing Office, 1956 [2]

Sente: (No record is available of published Senate Hearings on P.L. 84-911 according to the 1959 *Cumulative Index of Congressional Committee Hearings*, p. 330.)

LEGISLATIVE HISTORY:

House: Report No. 2569, July 2, 1956 (To accompany S. 3958)

Senate: Report No. 2070, May 29, 1956 (To accompany S. 3958)

Congress and the Nation, 1945-1964. Washington, D.C.: Congressional Quarterly Service, 1965, p. 1138.

June 11: Considered and passed Senate,amended.

July 23: Considered and passed House.

[1] Section I does not include references to the following laws and their amendments, which contain minor provisions to support programs for the education and training of health manpower: National Mental Health Act (1946), Vocational Rehabilitation Act (1955), George-Barden Act (1956), and Vocational Education Act (1963), National Defense Education Act (1958), Social Security Act Amendments (1960), Manpower Development and Training Act (1962), Higher Education Facilities Act (1963), Economic Opportunities Act (1964), Higher Education Act of 1965, and Public Health Service Act Amendments (1968).

[2] Henceforth, U.S. Government Printing Office will be cited as "GPO".

101 Public Health Service Act Amendment (The Hill-Rhodes Act). July 22, 1958 (P.L. 85-544)

Amended section 314(c) of the Public Health Service Act to give the Surgeon General authority to give certain grants-in-aid to public or non-profit accredited schools of public health to provide training and service in the fields of public health and in the administration of State and local public health programs.

HEARINGS: 85TH CONGRESS, SECOND SESSION

House: Committee on Interstate and Foreign Commerce. Subcommittee on Health and Science. *Schools of Public Health; Hearings on H.R. 6771.* Washington, D.C.: GPO, 1958.

Senate: ("Because the comprehensive hearings held by the Subcommittee on Health and Science of the Committee on Interstate and Foreign Commerce of the House of Representatives resulted in the presentation of testimony overwhelmingly in favor of passage of the bill, the Committee on Labor and Public Welfare felt that further hearings were unnecessary." *United States Code: Congressional and Administrative News; 85th Congress-Second Session*, 1958, Volume 2. St. Paul, Minnesota: West Publishing Company, 1958, p. 3089.)

LEGISLATIVE HISTORY:

House: Report No. 1593, April 2, 1958 (To accompany H.R. 11414)

Senate: Report No. 1797, July 3, 1958 (To accompany H.R. 11414)

Congress and the Nation, 1945-1964. Washington, D.C.: Congresssional Quarterly Service, 1965, p. 1138.

May 5: Considered and passed House.

July 10: Considered and passed Senate.

1960

102 Public Health Service Act Amendment. September 8, 1960. (P.L. 86-720)

Amended Title III of the Public Health Service Act authorizing project grants for graduate training in public health and for other purposes.

HEARINGS: 86TH CONGRESS, FIRST SESSION

House: Committee on Interstate and Foreign Commerce. Subcommittee on Health and Safety. *Public Health Training: Hearings on H.R. 6871 and H.R. 6325.* Washington, D.C.: GPO, 1959.

Senate: (There is no record of published Senate Hearings on P.L. 86-720. See U.S. Congress, Senate. *Quadrennial Supplement to Cumulative Index of Congressional Committee Hearings.* Washington, D.C.: GPO, 1963, p. 176.)

LEGISATIVE HISTORY:

House: Report No. 590, June 29, 1959 (To accompany H.R. 6325)

Congress and the Nation, 1945-1964. Washington, D.C.: Congressional Quarterly Service, 1965, p. 1141.

June 24: Considered and passed House.

July 1 : Considered and passed Senate, amended.

1963

103 Health Professions Educational Assistance Act of 1963. September 24, 1963. (P.L. 88-129)

Authorized grants to build, expand, or improve teaching facilities for schools of medicine, dentistry, nursing, osteopathy, optometry, pharmacy, podiatry, and public health; and loans for students of medicine, dentistry and osteopathy. It also established the National Advisory Council on Education for Health Professions.

HEARINGS: 88TH CONGRESS, FIRST SESSION

House: Committee on Interstate and Foreign Commerce. *Health Professions Educational Assistance; Hearings on H.R. 12, H.R. 180, H.R. 252711, H.R. 3182 and H.R. 3180.* Washington, D.C.: GPO, 1963.

Senate: Committee on Labor and Public Welfare. Subcommittee on Health. *Medical, Dental, and Public Health Teaching Facilities: Hearings on S. 911 and H.R. 12.* Washington, D.C.: GPO, 1963.

LEGISATIVE HISTORY:

House: Report No. 109 (Committee on Interstate and Foreign Commerce)

Senate: Report No. 485 (Committee on Labor and Public Welfare)

Congressional Record, Vol. 109 (1963):

April 23: Considered in House.

April 24: Considered and passed House.

Sept. 12: Considered and passed Senate.

104 Graduate Public Training Amendments of 1964. August 27, 1964. (P.L. 88-497)

Amended the Public Health Service Act to extend the authorization for assistance in the provision of graduate or specialized public health training, and for other purposes.

HEARINGS: 88TH CONGRESS, SECOND SESSION

House: Committee on Interstate and Foreign Commerce. Subcommittee on Public Health and Safety. *Graduate Public Health Training Amendments of 1964: Hearings on H.R. 10045.* Washington, D.C.: GPO, 1964.

Senate: Committee on Labor and Public Welfare. Subcommittee on Health. *Nurse and Graduate Public Health Training Amendments of 1964: Hearings on H.R. 11241 and H.R. 11083.* Washington, D.C.: GPO, 1964.

LEGISATIVE HISTORY:

House: Report No. 1553 (Committee on Interstate and Foreign Commerce)

Senate: Report No. 1379 (Committee on Labor and Public Welfare)

Congressional Record, Vol. 110 (1964):

July 21: Considered and passed House.

Aug. 12: Considered and passed Senate.

105 Nurse Training Act of 1964. September 4, 1964. (P.L. 88-581)

Authorized grants to build, expand or improve schools of nursing; funds for nursing student loans; professional nurse traineeships; payments to diploma schools of nursing; and project grants to improve nurse training. It also established the National Advisory Council on Nurse Training.

HEARINGS: 88TH COUNGRESS, SECOND SESSION

House: Committee on Interstate and Foreign Commerce. Subcommittee on Public Health and Safety. *Nurse Training Act of 1964: Hearings.* Washington, D.C.: GPO, 1964.

Senate: Committee on Labor and Public Welfare. *Nurse and Graduate Public Health Training: Hearing on H.R. 11241 and H.R. 11083.* Washington, D.C.: GPO, 1964.

LEGISATIVE HISTORY:

House: Report No. 1549 (Committee on Interstate and Foreign Commerce)

Senate: Report No. 1378 (Committee on Labor and Public Welfare)

Congressional Record, Vol. 110 (1964):

July 21: Considered and passed House.

Aug. 12: Considered and passed Senate, amended.

Aug. 21: House agreed to Senate amendments, with an amendment.

Aug. 21: Senate agreed to House amendment.

106 Heart Disease, Cancer, and Stroke Amendments of 1965. October 6, 1965. (P.L. 89-239)

Authorized grants to provide for the establishment of regional cooperative arrangements among medical schools, research institutions, and hospitals for research and training (including continuing education) and for related demonstrations of patient care in the fields of heart disease, cancer, stroke, and related diseases. Section 904(a) provided for grants for establishing and operating Regional Medical Programs. Section 907 provided for making information known to licensed practitioners and other persons on available facilities for advanced specialty training.

HEARINGS: 89TH CONGRESS, FIRST SESSION

House: Committee on Interstate and Foreign Commerce. *Regional Medical Complexes for Heart Disease, Cancer, Stroke, and Other Diseases: Hearings on H.R. 3140.* Washington, D.C.: GPO, 1965.

Senate: Committee on Labor and Public Welfare. Subcommittee on Health. *Combating Heart Disease, Cancer, Stroke, and Other Major Diseases; Hearings on S. 596.* Washington, D.C.: GPO, 1965.

LEGISLATIVE HISTORY:

House: Report No. 963 (Committee on Interstate and Foreign Commerce)

Senate: Report No. 368 (Committee on Labor and Public Welfare)

Congressional Record, Vol. 111 (1965):

June 25: Considered and passed House.

June 28: Considered and passed Senate.

Sept. 24: H.R. 3140 considered in House.

Sept. 24: Considered and passed House, amended in lieu of H.R. 3140.

Sept. 29: Senate concurred in House amendments.

107 Health Professions Educational Assistance Amendments of 1965. October 22, 1965. (P.L. 89-290)

Authorized improvement grants to schools of medicine, dentistry, osteopathy, optometry, and podiatry; and scholsrhip grants for students of medicine, dentistry, osteopathy, optometry, pharmacy, and podiatry. It also established the National Advisory Council on Medical, Dental, Optometric, and Podiatric Education.

HEARINGS: 89TH CONGRESS, FIRST SESSION

House: Committee on Interstate and Foreign Commerce. Subcommittee on Public Health and Welfare. *Health Professions Educational Assistance Amendments of 1965; Hearings on H.R. 2366, H.R. 3141, H.R. 6000, H.R. 7385, H.R. 7806, H.R. 8751, H.R. 8805, and H.R. 8811.* Washington, D.C.: GPO, 1965.

Senate: Committee on Labor and Public Welfare. Subcommittee on Health. *Health Professions Educational Assistance; Hearing on S. 595 and H.R. 3141.* Washington, D.C.: GPO, 1965.

LEGISATIVE HISTORY:

House: Report No. 781 (Committee on Interstate and Foreign Commerce)

Senate: Report No. 789 (Committee on Labor and Public Welfare)

Congressional Record, Vol. 111 (1965):

Sept. 1: Considered and passed House.

Sept. 30: Considered and passed Senate, amended.

Oct. 11: House concurred in Senate amendments.

108 Veterinary Medical Education Act of 1966. November 2, 1966. (P.L. 89-709)

Authorized schools of veterinary medicine to participate in the Health Professions Educational Assistance construction and student loan programs.

HEARINGS: 89TH CONGRESS, SECOND SESSION

House: Committee on Interstate and Foreign Commerce. Subcommittee on Public Health and Welfare. *Construction of Veterinary Medical Education Facilities; Hearing on H.R. 490 and H.R. 3348.* Washington, D.C.: GPO, 1966.

Senate: Committee on Labor and Public Welfare. Subcommittee on Employment and Manpower. *Health Professions Personnel; Hearings on S. 3102, H.R. 13106, S. 509, and H.R. 3348.* Washington, D.C.: GPO, 1966.

LEGISLATIVE HISTORY:

House: Report No. 2167 (Committee on Interstate and Foreign Commerce)

Senate: Report No. 1714 (Committee on Labor and Public Welfare)

Congressional Record, Vol. 112 (1966):

Oct. 3, 17: Considered and passed House.

Oct. 13, 22: Considered and passed Senate.

109 Comprehensive Health Planning and Public Health Services Amendments of 1966. November 3, 1966. (P.L. 89-749)

Amended the Public Health Service Act to promote and assist in the extension and improvement of comprehensive health planning and public health services, to provide for a more effective use of available Federal funds for such planning and services, and for other purposes.

HEARINGS: 89TH CONGRESS, SECOND SESSION

House: Committee on Interstate and Foreign Commerce. *Comprehensive Health Planning and Public Health Services Amendments of 1966; Hearings on H.R. 13197, H.R. 18231, H.R. 18232, and S. 3008.* Washington, D.C.: GPO, 1966.

Senate: Committee on Labor and Public Welfare. Subcommittee on Health. *Public Health Planning and Grants; Hearings on S. 3008.* Washington, D.C.: GPO, 1966.

LEGISLATIVE HISTORY:

House: Report No. 2271 accompanying H.R. 18231 (Committee on Interstate and Foreign Commerce)

Senate: Report No. 1665 (Committee on Labor and Public Welfare)

Congressional Record, Vol. 112 (1966):

Sept. 30: Considered in Senate.

Oct. 3: Considered and passed Senate.

Oct. 17: Considered and passed House, amended, in lieu of H.R. 18231.

Oct. 18: Senate concurred in House amendment.

110 Allied Health Professions Personnel Training Act of 1966. November 3, 1966. (P.L. 89-751)

Authorized grants to build teaching facilities for allied health training centers; basic and special grants for improving allied health curriculums; advanced traineeships for the training of teachers, supervisors, administrators, and allied health clinical specialists; and project grants for the development of new methods for the training of new types of health technologists. It amended the Nurse Training Act to authorize nursing educational opportunity grants for nursing students of exceptional talent. It also established revolving funds for loans to health professions schools and to schools of nursing to provide capital for loans to students.

HEARINGS: 89TH CONGRESS, SECOND SESSION

House: Committee on Interstate and Foreign Commerce. *Allied Health Professions Personnel Training Act of 1966: Hearings on H.R. 13196.* Washington, D.C.: GPO, 1966.

Senate: Committee on Labor and Public Welfare. Subcommittee on Employment and Manpower. *Health Professions Personnel; Hearings on S. 3102, H.R. 13196, S. 509, and H.R. 3348.* Washington, D.C.: GPO, 1966.

LEGISLATIVE HISTORY:

House: Report No. 1628 (Committee on Interstate and Foreign Commerce)

Senate: Report No. 1722 (Committee on Labor and Public Welfar)

Congressional Record, Vol. 112 (1966):

June 23: Considered and passed House.

Oct. 14: Considered and passed Senate, amended.

Oct. 17: House agreed to Senate amendments.

111 Partnership for Health Amendments of 1967. December 5, 1967. (P.L. 90-147)

Amended the Public Health Service Act to extend and expand the authorizations for grants for comprehensive health planning and services, to broaden and improve research and demonstrations relating to the delivery of health services, to improve the performance of clinical laboratories, and to promote cooperative activities between PHS hospitals and community facilities, and for other purposes.

HEARINGS: 90TH CONGRESS, FIRST SESSION

House: Committee on Interstate and Foreign Commerce. *Partnership for Health Amendments of 1967; Hearings on H.R. 6418.* Washington, D.C.: GPO, 1967.

Senate: Committee on Labor and Public Welfare. Subcommittee on Health. *Partnership for Health Amendments of 1967; Hearings on S. 1131, H.R. 6418, and S. 894.* Washington, D.C.: GPO, 1967.

LEGISLATIVE HISTORY:

House: Report No. 528 (Committee on Interstate and Foreign Commerce) and No. 974 (Committee on Conference)

Senate: Report No. 724 (Committee on Labor and Public Welfare)

Congressional Record, Vol. 113 (1967)

Sept. 19, 20: Considered and passed House.

Nov. 6: Considered and passed Senate, amended.

Nov. 21: House and Senate agreed to conference report.

112 Health Manpower Act of 1968. August 16, 1968. (P.L. 90-490)

Extended and modified the Health Professions Educational Assistance Act, the Nurse Training Act, and the Allied Health Professions Personnel Training Act. Significant modifications included a revised formula for institutional support of health professions schools, a broadened special project grant authority to such schools, the addition of schools of pharmacy and veterinary medicine to institutions eligible for such grants, a new formula grant for support of schools of nursing and a new scholarhsip program for nursing students.

HEARINGS: 90TH CONGRESS, SECOND SESSION

House: Committee on Interstate and Foreign Commerce. Subcommittee on Public Health and Welfare. *Health Manpower Act of 1968; Hearings on H.R. 15757.* Washington, D.C.: GPO, 1968.

Senate: Committee on Labor and Public Welfare. Subcommittee on Health. *Health Manpower Act of 1968; Hearings on S. 3095 and S. 255.* Washington, D.C.: GPO, 1968.

LEGISLATIVE HISTORY:

House: Report No. 1634 accompanying H.R. 15757 (Committee on Interstate and Foreign Commerce)

Senate: Report No. 1307 (Committee on Labor and Public Welfare)

Congressional Record, Vol. 114 (1968):

June 24: Considered and passed Senate.

Aug. 1: Considered and passed House, amended, in lieu of H.R. 15757.

Aug. 2: Senate concurred in House amendment.

113 Amendments to Title III of the Public Health Service Act. March 12, 1970. (P.L. 91-208)

Extended three sections of the Public Health Service Act relating to public health training and made them coterminous on June 30, 1973. These were: Section 309(c) authorizing formula grants to schools of public health, Section 309(a) authorizing project grants to public or nonprofit institutions providing graduate or specialized training in public health, and Section 306 authorizing grants for traineeships for graduate or specialized training in public health.

HEARINGS: 91ST CONGRESS, FIRST SESSION

House: Committee on Interstate and Foreign Commerce. Subcommittee on Public Health and Welfare. *Formula Grants to Schools of Public Health; Hearings on H.R. 14528, H.R. 13456, H.R. 13573, H.R. 14128, H.R. 14477, and H.R. 14790*. Washington, D.C.: GPO, 1969.

Senate: Committee on Labor and Public Welfare. Subcommittee on Health. *Grants for Schools of Public Health; Hearing on S. 2809*. Washington, D.C.: GPO, 1969.

LEGISLATIVE HISTORY:

House: Report No. 91-712 accompanying H.R. 14790 (Committee on Interstate and Foreign Commerce) and No. 91-855 (Committee on Conference)

Senate: Report No. 91-586 (Committee on Labor and Public Welfare)

Congressional Record:

Vol. 115 (1969):

Dec. 11: considered and passed Senate.

Dec. 16: considered and passed House, amended, in lieu of H.R. 14790.

Vol. 116 (1970):

Feb. 26: House and Senate agreed to conference report.

114 Amendments to Titles III and IV of the Public Health Service Act. October 30, 1970. (P.L. 91-515)

Amended the Public Health Service Act to revise, extend, and improve the programs of research, investigation, education, training, and demonstration to the fields of heart disease, cancer, stroke, kidney disease, and other related diseases.

HEARINGS: 91ST CONGRESS, SECOND SESSION

House: Committee on Interstate and Foreign Commerce. Subcommittee on Public Health and Welfare. *Comprehensive Health Planning and Regional Medical Programs; Hearings on H.R. 15960, H.R. 17570, and similar Bills.* Washington, D.C.: GPO, 1970.

Senate: Committee on Labor and Public Welfare. Subcommittee on Health. *Heart Disease, Cancer, Stroke, and Kidney Disease Amendments of 1970; Hearings on S. 3355, S. 443, and Related Bills.* Washington, D.C.: GPO, 1970.

LEGISLATIVE HISTORY:

House: Report No. 91-1297 (Committee on Interstate and Foreign Commerce) and No. 91-1590 (Committee of Conference)

Senate: Report No. 91-1090 accompanying S. 3355 (Committee on Labor and Public Welfare)

Congressional Record, Vol. 116 (1970):

Aug. 12: Considered and passed House.

Sept. 9: Considered and passed Senate, amended, in lieu of S. 3355.

Oct. 13: House agreed to conference report.

Oct. 14: Senate agreed to conference report.

115 Health Training Improvement Act of 1970. November 2, 1970. (P.L. 91-519)

Title I provided for special funds to assist medical and dental schools in serious financial difficulties and modified the institutional grant program to be responsive to new health professions schools. Title II extended programs for the improvement and strengthening of allied health professions training through June 30, 1973.

HEARINGS: 91ST CONGRESS, SECOND SESSION

House: Committee on Interstate and Foreign Commerce. Subcommittee on Public Health and Welfare. *Allied Health Professions Personnel Training - 1970; Hearings on H.R. 16808 and H.R. 13100.* Washington, D.C.: GPO, 1970.

Senate: Committee on Labor and Public Welfare. Subcommittee on Health. *Health Training Improvement Act of 1970: Hearings on S. 3586, S. 2753, and S. 3718.* Washington, D.C.: GPO, 1970.

LEGISLATIVE HISTORY:

House: Report No. 91-1266 accompanying H.R. 13100 (Committee on Interstate and Foreign Commerce) and No. 91-1588 (Committee on Conference)

Senate: Report No. 91-1002 (Committee on Labor and Public Welfare)

Congressional Record, Vol. 116 (1970):

July 13: Considered and passed Senate.

July 30: Considered and passed House, amended, in lieu of H.R. 13100.

Oct. 13: House agreed to conference report.

Oct. 14: Senate agreed to conference report.

116 Emergency Health Personnel Act of 1970. December 31, 1970. (P.L. 91-623)

Amended the Public Health Service Act to improve the program of medical assistance to areas with health manpower shortages, and for other purposes. Established the National Health Service Corps to obtain physicians, dentists, nurses, and other health related services for areas with health manpower shortages. Also required PHS advance notice on proposed hospital closures or transfers.

HEARINGS: 91ST CONGRESS, SECOND SESSION

House: Committee on Insterstate and Foreign Commerce. Subcommittee on Public Health and Welfare. *Emergency Health Personnel Act of 1970; Hearings on H.R. 19246, H.R. 19338, H.R. 19616, H.R. 19659, S. 4106, and H.R. 19860.* Washington, D.C.: GPO, 1970.

Senate: Committee on Labor and Public Welfare. Subcommittee on Health. *National Health Service Corps Act of 1970; Hearing on S. 4106.* Washington, D.C.: GPO, 1970.

LEGISLATIVE HISTORY:

House: Report No. 91-1662 accompanying H.R. 19860 (Committee on Interstate and Foreign Commerce)

Senate: Report No. 91-1194 (Committee on Labor and Public Welfare)

Congressional Record, Vol. 116 (1970):

Sept. 21: Considered and passed Senate.

Dec. 18: Considered and passed House, amended, in lieu of H.R. 19860.

Dec. 21: Senate concurred in House amendments.

117 Comprehensive Health Manpower Training Act of 1971. November 18, 1971. (P.L. 92-157)

Authorized substantial support for new and continuing programs designed to alleviate the health manpower shortage. The Act provided for: capitation grants for health professions schools meeting mandatory increases in enrollment; initiative awards to alleviate manpower shortages in designated areas and to assist in recruitment of students; start-up grants for new schools; loan guarantees and interest subsidies on non-Federal construction loans; separate grants for schools in financial distress; and modified authority for special project grants and contracts to expand or improve training in the health professions. It raised the maximums for loans and scholarships to students of the health professions and for the Federal share of new health school construction. It also authorized new programs of aid for training in family medicine and for training of health professions teachers.

HEARINGS: 92ND CONGRESS, FIRST SESSION

House: Committee on Interstate and Foreign Commerce. Subcommittee on Public Health and Environment. *Health Professions Educational Assistance Amendments of 1971, Parts 1 & 2; Hearings.* Washington, D.C.: GPO, 1971.

Senate: Committee on Labor and Public Welfare. Subcommittee on Health. *Health Manpower Legislation, 1971; Hearings on S. 984 and S. 1747.* Washington, D.C.: GPO, 1971.

LEGISLATIVE HISTORY:

House: Report No. 92-258 (Committee on Interstate and Foreign Commerce) and No. 92-578 (Committee on Conference)

Senate: Report No. 92-251 accompanying S. 934 (Committee on Labor and Public Welfare) and No. 92-398 (Committee on Conference)

Congressional Record, Vol. 117 (1971):

July 1: Considered and passed House.
July 14: Considered and passed Senate, amended, in lieu of S. 934.
Oct. 19: Senate agreed to conference report.
Nov. 9: House agreed to conference report.

118 Nurse Training Act of 1971. November 18, 1971. (P.L. 92-158)

Extended and widened nurse training authority. The legislation provided for: capitation grants for nursing schools; special project grants and contracts to improve nurse training; start-up grants for new schools; separate grants for schools in financial distress; construction grants; loan guarantees and interest subsidies on non-Federal construction loans; higher maximum amounts for loans and scholarships to nursing students; professional nurse traineeships; and a broadened program of grants and contracts to encourage full utilization of educational talent for the nursing profession.

HEARINGS: 92ND CONGRESS, FIRST SESSION

House: Committee on Interstate and Foreign Commerce. Subcommittee on Public Health and Environment. *Health Professions Educational Assistance Amendments of 1971, Parts 1 and 2; Hearings on H.R. 703 (and similar bills); H.R. 4171, H.R. 4155, H.R. 5624, H.R. 5767, and H.R. 7765; H.R. 4145; H.R. 4156 (and identical bills), H.R. 4618 (and identical bills), and H.R. 7707; and H.R. 7736.* Washington, D.C.: GPO, 1971.

Senate: Committee on Labor and Public Welfare. Subcommittee on Health. *Health Manpower Legislation, 1971; Hearings on S. 934 and S. 1747.* Washington, D.C.: GPO, 1971.

LEGISLATIVE HISTORY:

House: Report No. 92-259 (Committee on Interstate and Foreign Commerce) and No. 92-577 (Committee on Conference)

Senate: Report No. 92-252 accompanying S. 1747 (Committee on Labor and Public Welfare) and No. 92-399 (Committee of Conference)

Congressional Record, Vol. 117 (1971):

July 1: Considered and passed House.

July 14: Considered and passed Senate, amended, in lieu of S. 1747.

Oct. 19: Senate agreed to conference report.

Nov. 9: House agreed to conference report.

119 Uniformed Services Health Professions Revitalization Act. September 21, 1972 (P.L. 92-426)

Authorized the formation of a Uniformed Services University of the Health Sciences to be established within 25 miles of the District of Columbia. Students will be drawn from the commissioned officers corps of a uniformed service, and scholarships will be granted to commissioned reserved officers to study medicine, dentistry, and other health professions at accredited higher education institutions.

HEARINGS: 92ND CONGRESS

House: (FIRST SESSION)
Committee on Armed Services. *Hearings on H.R. 2.* Washington, D.C.: GPO, 1971.

Senate: (SECOND SESSION)
Committee on Armed Services. Subcommittee on General Legislation. *Uniformed Services Health Professions Revitalization Act of 1971; Hearing on H.R. 2.* Washington, D.C.: GPO, 1972.

LEGISLATIVE HISTORY:

House: Report No. 92-524 (Committee on Armed Services) and No. 92-1350 (Committee of Conference)

Senate: Report No. 92-827 (Committee on Armed Services)

Congressional Record:

Vol. 117 (1971):
Nov. 2, 3: considered and passed House.

Vol. 118 (1972):
June 6: considered and passed Senate, amended.
June 7: Senate made technical corrections to Senate amendment.
Sept. 6: Senate agreed to conference report.
Sept. 7: House agreed to conference report.

120 Veterans' Administration Medical School Assistance and Health Manpower Training Act of 1972. October 24, 1972. (P.L. 92-541)

Amended Title 38 of the United States Code to authorize the Administrator of Veterans Affairs to provide certain assistance in the establishment of new State medical schools and the improvement of existing medical schools affiliated with the Veterans' Administration; to develop cooperative arrangements between institutions of higher education, hospitals, and other nonprofit health service institutions affiliated with the VA to coordinate, improve, and expand the training of professional and allied health and paramedical personnel; to develop and evaluate new health careers, interdisciplinary approaches and career advancement opportunities; to improve and expand allied and other health manpower utilization; to afford continuing education for health manpower of the VA and other such manpower at Regional Medical Education Centers established at VA hospitals throughout the U.S.; and for other purposes.

HEARINGS: 92ND CONGRESS, FIRST SESSION

House: Committee on Veterans' Affairs. Subcommittee on Hospitals. *Operation and Funding of VA Medical Programs and Legislation Related Thereto; Hearings.* Washington, D.C.: GPO, 1971.

Senate: Committee on Veterans' Affairs. Subcommittee on Health and Hospitals. *VA Health Care and Health Manpower Training Legislation; Hearings on S. 2219, S. 2354, S. 2355, S. 1924, S. 2304, S. 1635, S. 2340, H.J. Res. 748, H.R. 481, and Related Bills.* Washington, D.C.: GPO, 1972.

LEGISLATIVE HISTORY:

House: Report No. 92-322 (Committee on Veterans' Affairs)

Senate: Report No. 92-757 accompanying S. 2219 (Committee on Veterans' Affairs)

Congressional Record:

Vol. 177 (1971):

July 19: considered and passed House.

Vol. 118 (1972):

Apr. 27: considered and passed Senate, amended, in lieu of S. 2219.

Oct. 11: House agreed to Senate amendments with an amendment.

Oct. 13: Senate concurred in House amendment.

121 Emergency Health Personnel Act Amendments of 1972. October 27, 1972. (P.L. 92-585)

Amended the Public Health Service Act to improve the program of medical assistance to areas with health manpower shortages, and for other purposes. Added a new Section 225 to provide for the establishment of the Public Health and National Health Service Corps Scholarship Training Program.

HEARINGS: 92ND CONGRESS, SECOND SESSION

House: Committee on Interstate and Foreign Commerce. Subcommittee on Public Health and Environment. *Emergency Health Personnel Act Amendments of 1972; Hearing on H.R. 16755, H.R. 16545, H.R. 16869, and S. 3858.* Washington, D.C.: GPO, 1972.

Senate: Committee on Labor and Public Welfare. Subcommittee on Health. *Emergency Health Personnel Act Amendments of 1972; Hearings on S. 3858 and S. 3867.* Washington, D.C.: GPO, 1972.

LEGISLATIVE HISTORY:

House: Report No. 92-1547 accompanying H.R. 16755 (Committee on Interstate and Foreign Commerce)

Senate: Report No. 92-1062 (Committee on Labor and Public Welfare)

Congressional Record, Vol. 118 (1972):

Aug. 18, Oct. 17: Considered and passed Senate.

Oct. 13, Oct. 17: Considered and passed House.

122 Health Programs Extension Act of 1973. June 18, 1973. (P.L. 93-45)

Extended through fiscal year 1974 expiring appropriations authorized in: (1) the Public Health Service Act (specifically health services research and development, national health surveys and studies, public health training, migrant health, comprehensive health planning services, assistance to medical libraries, Hill-Burton programs, training in the allied health professions, regional medical programs, and population research and family planning); (2) the Community Mental Health Services Act; and (3) the Developmental Disabilities Services and Facilities Construction Act.

HEARINGS: 92ND CONGRESS

House: (FIRST SESSION)
Committee on Interstate and Foreign Commerce. Subcommittee on Public Health and Environment. *Hearings on H.R. 7806 and Related Bills.* Washington, D.C.: GPO, 1972.

Senate: (SECOND SESSION)
Committee on Labor and Public Welfare. Subcommittee on Health. *Health Programs Extension Act of 1973. Hearings on S. 3441, S. 3752, and S. 3764.* Washington, D.C.: GPO, 1972.

LEGISLATIVE HISTORY:

House: Report No. 93-227 accompanying H.R. 7806 (Committee on Interstate and Foreign Commerce)

Senate: Report No. 93-87 (Committee on Labor and Public Welfare)

Congressional Record, Vol. 119 (1973):
March 13, 27: Considered and passed Senate.
May 31: Considered and passed House, amended, in lieu of H.R. 7806.
June 5: Senate concurred in House amendments.

123 Veterans Health Care Expansion Act of 1973. August 2, 1973. (P.L. 93-82)

Amended Title 38 of the United States Code to provide improved and expanded medical and nursing home care to veterans; to provide hospital and medical care to certain dependents and survivors of veterans; to provide for improved structural safety of Veterans Administration facilities; to improve recruitment and retention of career personnel in the Department of Medicine and Surgery; and for other purposes.

HEARINGS: 93RD CONGRESS, FIRST SESSION

House: Veterans' Affairs Committee. Subcommittee on Hospitals. *Veterans Health Care Expansion Act of 1973; Hearings on H.R. 9048 and Related Bills.* Washington, D.C.: GPO, 1973.

Senate: Veterans' Affairs Committee. *Veterans Health Care Expansion Act of 1973; Hearings on S. 59 and Related Bills.* Washington, D.C.: GPO, 1973.

LEGISLATIVE HISTORY:

House: Report No. 93-368 accompanying H.R. 9048 (Committee on Veterans' Affairs)

Senate: Report No. 93-54 (Committee on Veterans' Affairs)

Congressional Record, Vol. 119 (1963):

March 6: Considered and passed Senate.

July 17: Considered and passed House, amended, in lieu of H.R. 9048.

July 19: Senate agreed to House amendment.

SECTION II:
PRESIDENTIAL STATEMENTS

200 "Special Message to the Congress on Health and Disability Insurance," May 19, 1947. *Public Papers of the Presidents of the United States*, 1947, pp. 250-52. Washington, D.C.: GPO, 1963.

President Truman reviewed his long-range health programs for the Nation which included: adequate public health services at the Federal, State, and local levels, particularly in the area of maternal and child health; further medical research for disease prevention and cure; additional medical education to alleviate the shortage of health personnel; more hospitals and doctors to provide a more equal distribution throughout the Nation; and national health insurance against both the cost of medical care and the loss of earnings during illness.

201 "The President's News Conference of September 2, 1948." *Public Papers of the Presidents of the United States*, 1948, pp. 457-58. Washington, D.C.: GPO, 1964. (See items 400 and 503)

The press conference was held to announce the release of a report entitled, "The Nation's Health – A Ten Year Plan," prepared by Oscar Ewing, the Federal Security Administrator. Two major factors were cited as obstacles to good health: the shortage of health personnel and facilities, and the high cost of medical care.

202 "Special Message to the Congress on the Nation's Health Needs," April 22, 1949. *Public Papers of the Presidents of the United States*, 1949, pp. 226-30. Washington, D.C.: GPO, 1964.

To help the many citizens for whom medical services are unavailable or too expensive, President Truman presented four recommendations: 1) a nationwide system of health insurance, 3) Federal aid for the expansion of medical education to produce more physicians and other health workers, 3) Federal aid for the construction of hospital and medical facilities in communities where they are needed, and, 4) Federal grants to State and local governments to promote public health activities.

203 "Address at the Dedication of the National Institutes of Health Clinical Center," June 22, 1951. *Public Papers of the Presidents of the United States*, 1951, pp. 349-54. Washington, D.C.: GPO, 1965.

In demonstrating the importance of this research center, President Truman reviewed diseases of the past generation which have been conquered through medical research, and cited other diseases that are yet to be eliminated, such as cancer and heart disease. He also declared that the United States has a responsibility to help those parts of the world still suffering from diseases that can be prevented and cured.

204 "Statement by the President on Establishing the Commission on the Health Needs of the Nation," December 29, 1951. *Public Papers of the Presidents of the United States*, 1951, pp. 655-56. Washington, D.C.: GPO, 1965.

The Commission was charaged with studying short- and long-term health requirements for the Nation and recommending alternative plans of action to meet these requirements.

205, "Special Message to the Congress Transmitting Volume One of the Report of the President's Commission on the Health Needs of the Nation," January 9, 1953. *Public Papers of the Presidents of the United States*, 1952-53, pp. 1166-67. Washington, D.C.: GPO, 1966. (See item 405)

The President urged that this volume and the four succeeding volumes of the Commission's report be carefully studied by each member of Congress, because the Commission had made a careful and non-partisan appraisal of the Nation's health resources and needs. He cited as some of its main conclusions the urgent need for more physicians, dentists, nurses, and health technicians; additional health facilities, including medical schools, hospitals, and local public health units; and financial assistance for people who cannot afford adequate medical care.

206 "Special Message to the Congress Transmitting Reorganization Plan 1 of 1953 Creating the Department of Health, Education, and Welfare," March 12, 1953. *Public Papers of the Presidents of the United States*, 1953, pp. 94-99. Washington, D.C.: GPO, 1960.

As provided by the amended Reorganization Act of 1949, the President created the Department of Health, Education, and Welfare by transferring to it various units of the Federal Security Agency. He announced that the Department would be headed by a Secretary of Health, Education, and Welfare, and would be assisted by an Under Secretary and two Assistant Secretaries. Under the reorganization, the Office of Education and the Public Health Service retained their previous responsibilities, and the Surgeon General of the Public Health Service, the Commissioner of Education, and the Commissioner for Social Security all became Presidential appointees subject to Senate confirmation and with direct access to the Secretary.

207 "Radio and Television Address to the American People on the Administration's Purposes and Accomplishments," January 4, 1954. *Public Papers of the Presidents of the United States*, 1954, pp. 2-23. Washington, D.C.: GPO, 1960.

In discussing his forthcoming State of the Union Message to Congress, the President recommended that the Government encourage medical research, especially in cancer and heart disease; continue to aid the States in their health and rehabilitation programs; broaden the existing Hospital Survey and Construction Act to assist in the development of adequate facilities for the chronically ill; and promote the construction of diagnostic centers, rehabilitation facilities, and nursing homes.

208 "Special Message to the Congress on the Health Needs of the American People," January 18, 1954. *Public Papers of the Presidents of the United States*, 1954, pp. 69-77. Washington, D.C.: GPO, 1960.

President Eisenhower emphasized two basic problems in health – the cost of medical care and the maldistribution of medical facilities. He declared that health care should be made available to everyone and that all citizens should have the benefits of scientific research. In his recommendations, he proposed strengthening the Public Health Service, encouraging private health insurance organizations, and providing grants to States for rehabilitation of the disabled and for construction of medical facilities.

209 "Annual Budget Message to the Congress: Fiscal Year 1956," January 17, 1955. *Public Papers of the Presidents of the United States*, 1955, pp. 86-184. Washington, D.C.: GPO, 1959.

The President stated that his Administration would encourage greater State, local, and private participation in the construction of non-profit hospitals and health centers. Increased funds would be allotted to public health and vocational rehabilitation. Also, health reinsurance was advocated to provide adequate coverage for the American people. He further stated: "Other measures in the health programs are designed to foster construction of more adequate medical facilities, training of nurses and other necessary medical personnel, and general improvement of key services in the State and local communities."

210 "Annual Message to the Congress on the State of the Union," January 5, 1956. *Public Papers of the Presidents of the United States*, 1956, pp. 1-27. Washington, D.C.: GPO, 1958.

In the area of health, the President requested substantial increases in Federal funds for medical research, including ". . . a new plan to aid construction of non-Federal medical research and teaching facilities and to help provide more adequate support for the training of medical research manpower." He also asked for Federal reinsurance or other programs to extend voluntary health insurance coverage to more people, particularly older persons and those in rural areas.

211 "Statement by the President Upon Signing the Health Research Facilities Act of 1956," July 30, 1956. *Public Papers of the Presidents of the United States,* 1956, pp. 617-18. Washington, D.C.: GPO, 1958.

Although he acknowledged that this Act would provide needed Federal funds to further the construction of health research facilities by public non-profit institutions, the President declared that it failed to provide assistance, as recommended by the Administration, for construction of medical training facilities. Because the medical, dental, and public health schools now provide most of the professional manpower for maintaining the Nation's health, the Government should assist them with matched grants for teaching as well as for research facilities.

212 "Statement by the President Upon Signing the Health Amendments Act of 1956," August 2, 1956. *Public Papers of the Presidents of the United States,* 1956, p. 643. Washington, D.C.: GPO, 1958. (See item 100)

In approving this Act, the President emphasized its five major components: accelerating the training of (1) public health specialists; (2) professional nurses qualified for teaching, administrative, and supervisory positons; and (3) practical nurses; in addition to (4) programs to alleviate the shortages of health facilities and (5) special project grants to improve the care and treatment of the mentally ill.

213 "Annual Budget Message to the Congress for Fiscal Year 1958," January 16, 1957. *Public Papers of the Presidents of the United States,* 1957, pp. 38-58. Washington, D.C.: GPO, 1958.

In his recommendations to Congress, the President suggested substantial budget increases in the health field. He specifically asked for legislation under which the Federal Government could help medical and dental schools build and improve their teaching and research facilities " . . . to prevent the already acute shortage of trained medical manpower from becoming critical."

214 "Annual Budget Message to the Congress – Fiscal Year 1959," January 13, 1958. *Public Papers of the Presidents of the United States,* 1958, pp. 17-73. Washington, D.C.: GPO, 1959.

The President reported to the Congress that expenditures for health programs have increased sharply since 1955, and that in 1959, the increase would be largely due to construction programs already underway. He also asked Congress to act on legislation whereby the Federal Government could assist medical and dental schools to build both teaching and research facilities in order to meet medical and dental manpower needs.

215 "Special Message to the Congress on Health and Hospital Care," February 9, 1961. *Public Papers of the Presidents of the United States*, 1961, pp. 77-83. Washington, D.C.: GPO, 1962.

In emphasizing the health is a national concern, President Kennedy pointed out that 6 percent of the Nation's income is spent on health services – yet there remain major deficiencies in qualities and distribution. Needed areas of legislation are: health insurance for the aged, community health services and facilities, increase in health personnel, health of children and youth, vocational rehabilitation, and medical research.

216 "Special Message to the Congress on National Health Needs," February 27, 1962. *Public Papers of the Presidents of the United States*, 1962, pp. 165-73. Washington, D.C.: GPO, 1963.

The President reiterated the two parts of this program still not enacted: health insurance for the aged and aid to education for the health professions. He stressed the need for lead time in education and the need for grants and scholarships.

217 "Special Message to the Congress on Improving the Nation's Health," February 7, 1963. *Public Papers of the Presidents of the United States*, 1963, pp. 140-47. Washington, D.C.: GPO, 1964.

The shortage of trained health manpower was cited as perhaps the most threatening breach in our health defenses. A 50 to 100 percent increase in medical and dental grants and scholarships would be needed by 1970, especially to increase the number of family physicians. Funding for nurses' education, modernizing hospitals, and community health services was also urged.

218 "Remarks Upon Signing the Health Professions Educational Assistance Act," September 24, 1963. *Public Papers of the Presidents of the United States*, 1963, pp. 703-04. Washington, D.C.: GPO, 1964. (See item 103)

The President commented that the Health Professions Educational Assistance Act was the culmination of fourteen years of effort by many devoted and dedicated citizens.

219 "Remarks Upon Signing the Higher Education Facilities Act," December 16, 1963. *Public Papers of the Presidents of the United States*, 1963-64, Book I, pp. 57-58. Washington, D.C.: GPO, 1965.

President Johnson enumerated legislative landmarks in the field of education, and emphasized expanded student loan programs and construction of graduate schools. "We will increase the number of medical school graduates, and we will relieve the growing shortages of physicians and dentists and other needed professional health personnel."

220 "Special Message to the Congress – 'Advancing the Nation's Health'," January 7, 1965. *Public Papers of the Presidents of the United States*, 1965, Book I, pp. 12-21. Washington, D.C.: GPO, 1966.

The President outlined his health program designed to assure the availability of health care for all Americans, regardless of age, geographic location, or economic status. He requested legislation to provide formula and project grants for schools of health professions, and scholarships for health professions students. President Johnson also called for improved utilization of health manpower, more allied health workers and training programs, and long-range health planning.

221 "Statement by the President on His Message on the Nation's Health," January 7, 1965. *Public Papers of the Presidents of the United States*, Book I, pp. 21-22. Washington, D.C.: GPO, 1966.

In a television broadcast, the President summarized his requests to Congress: old age health insurance, regional medical centers, child health programs, programs for the mentally ill and retarded, funds for schools, and scholarships.

222 "Statement by the President Upon Signing the Health Professions Educational Assistance Amendments," October 22, 1965. *Public Papers of the Presidents of the United States*, 1965, Book II, pp. 1076-77. Washington, D.C.: GPO, 1966. (See item 107)

Despite the continuing shortage of health manpower, the 89th Congress won praise for its passage of monumental health legislation authorizing construction grants, loan programs, improvement grants, and scholarships designed to increase manpower.

223 "Message to the White House Conference on Health," November 2, 1965. *Public Papers of the Presidents of the United States*, 1965, Book II, pp. 1090-91. Washington, D.C.: GPO, 1966.

As major health goals, the President listed increased life expectancy, a healthier environment, decreased infant mortality, improved care and understanding of the mentally ill, and elimination of tuberculosis, measles, and whooping cough. Many of these goals are still far behind our medical advances because of inadequate health manpower, obsolete facilities, and poor organization.

224 "Special Message to the Congress Proposing International Education and Health Programs," February 2, 1966. *Public Papers of the Presidents of the United States*, 1966, Book I, pp. 128-36. Washington, D.C.: GPO, 1967.

President Johnson urged passage of two acts to increase the supply of trained Americans for careers in international health programs and to expand programs which assist health and medical institutions in developing countries. He also proposed international partnership and exchange programs and new efforts to conquer major diseases and combat malnutrition.

225 "Special Message to the Congress on Domestic Health and Education," March 1, 1966. *Public Papers of the Presidents of the United States*, 1966, Book I, pp. 237-47. Washington, D.C.: GPO, 1967.

The President declared that Congress must set as its major domestic goals: 1) the provision of full educational opportunity for everyone, and 2) the availability of good health care for every citizen to the fullest extent of the Nation's facilities. He also announced the DHEW reorganization.

226 "Special Message to the Congress Transmitting Reorganization Plan 3 of 1966: Public Health Service," April 25, 1966, Book I, pp. 453-56. Washington, D.C.: GPO, 1967.

The President proposed abolishing the agencies of the Public Health Service, transferring the functions of the Surgeon General to the Secretary of Health, Education, and Welfare, and authorizing the Secretary to assign these functions to agencies within the Department.

227 "Statement by the President Upon Establishing the National Advisory Commission on Health Manpower," May 7, 1966. *Public Papers of the Presidents of the United States*, 1966, Book I, pp. 486-87. Washington, D.C.: GPO, 1967. (See items 228, 229, 232, and 419)

Because of the anticipated additional drain on health manpower arising from Medicare, President Johnson announced the establishment of the National Advisory Commission to discover ways and means of improving and accelerating health education without lowering its quality.

228 "Summary of the President's Remarks at a Meeting With the National Advisory Commission on Health Manpower," June 29, 1966. *Public Papers of the Presidents of the United States*, 1967, Book I, pp. 661-62. Washington, D.C.: GPO, 1967. (See items 227, 229, 232, and 419)

The President urged the Commission to tackle such critical questions as: Is the Government setting an example in the efficient use of health manpower? Should we establish new forms of utilization? How should we develop additional manpower ?

229 "Statement by the President Urging Problem Adjustments to Meet Needs," September 29, 1966. *Weekly Compilation of Presidential Documents*, Vol. 2, No. 39 (1966): 1378. (See items 227, 228, 232, and 419)

To deal with the critical shortage of health manpower, President Johnson commissioned two studies (in addition to the study of the National Advisory Commission on Health Manpower) – one on training programs and the other on efficient use of hospital workers.

230 "Special Message to the Congress: 'Education and Health in America'," February 28, 1967. *Public Papers of the Presidents of the United States*, 1967, Book I, pp. 244-58. Washington, D.C.: GPO, 1968.

President Johnson cited four national health goals: 1) expanding knowledge and research on disease and health care delivery, 2) increasing health resources by accelerating the training of health workers and by improving the planning of health facilities, 3) removing barriers to good medical care for those who most need it, and 4) strengthening our Partnership for Health by encouraging regional, State, and local efforts, both public and private, to develop comprehensive programs serving all our citizens.

231 "Statement by the President on the Proposed International Center for Advanced Study in the Health Sciences," May 10, 1967. *Public Papers of the Presidents of the United States*, 1967, Book I, pp. 524-25. Washington, D.C.: GPO, 1968.

The President announced plans to establish an international center where thirty distinguished scholars could spend one or two years working on important health topics. There would also be exchange professorships and grants for training foreign scientists.

232 "Remarks to the Press on Making Public the Report of the National Advisory Commission on Health Manpower," November 20, 1967. *Public Papers of the Presidents of the United States*, 1967, Book II, pp. 1062-64. Washington, D.C.: GPO, 1968. (See items 227, 228, 229, and 419)

The President emphasized that the Government alone cannot solve the problem of health care; the private sector must also help. He urged that this report be widely distributed, especially to hospital administrators, insurance companies, physicians, educators, and others involved in health care.

233 "Statement by the President Upon Signing the Health Manpower Act of 1968," August 17, 1968. *Public Papers of the Presidents of the United States*, 1968-69, Book II, pp. 892-93; Washington, D.C.; GPO, 1970. (See item 112)

The President commented that breakthroughs in medical research will be of little value if skilled personnel are not available when patients need them. The need for physicians, dentists, nurses, sanitarians, and other professional and technical health workers has exceeded both our current supply and our present educational capacity. This legislation will mean more new health professions schools, more places in old ones, and more authority to assist schools in financial distress.

234 "Remarks at a Briefing on the Nation's Health System," July 10, 1969. *Public Papers of the Presidents of the United States*, 1969, pp. 505-06. Washington, D.C.: GPO, 1971.

The President announced the completion of his Administration's study of the Nation's health care problems. He said the Administration realized, even before the study began, that "the problem was primarily one of enough doctors, the quality of the doctors, and enough hospital beds to take care of the massively increasing demand in this field." However, the study revealed that the problem was even greater than had been anticipated.

235 "Statement About the Veterans Medical Care Program," April 2, 1970. *Public Papers of the Presidents of the United States*, 1970, pp. 333-36. Washington, D.C.: GPO, 1971.

In commenting on VA hospital problems, the President proposed that the health manpower gap be closed by improving the training of health service personnel, strengthening the health care delivery system, further encouraging hospitals in the same community to share expensive medical equipment that is in short supply, and investigating the possibilities of establishing new medical schools in conjunction with VA hosptials.

236 "Statement on Signing a Bill Extended Authorization of Four Federal Health Assistance Programs," November 2, 1970. *Public Papers of the Presidents of the United States*, 1970, pp. 1066-67. Washington, D.C.: GPO, 1971. (See item 115)

The President explained that this Act would extend the authority of four major programs of Federal assistance for the planning, organization, and delivery of health services: 1) Regional Medical Programs, 2) Comprehensive Health Planning and Public Health Services (Partnership for Health Program), 3) Health Services Research and Development, and 4) National Health Surveys and Studies. However, the President indicated that he would restrict actual appropriations to what was really needed, and that he would seek more reforms in the health care delivery system.

237 "Memorandum of Disapproval of a Bill to Promote Training in Family Medicine," December 26, 1970. *Public Papers of the Presidents of the United States*, 1970, p. 1156. Washington, D.C.: GPO, 1971.

In place of this bill, which would simply continue the traditional approach of adding more programs to the already overburdened Federal health system, the President said that he would propose broad reforms to deal with the Nation's health problems and needs on a systematic and comprehensive basis.

238 "The State of the Union," January 22, 1971. *Weekly Compilation of Presidential Documents*, Vol. 7, No. 4 (1971): 89-97.

To improve the Nation's health care and make it available to more people, the President proposed such measures as: a form of health insurance with provisions that no family be prevented from getting basic medical care due to inability to pay; more aid to medical schools; incentives in the use of medical assistants; the extention of service to isolated areas; and improved health care delivery.

239 "The President's Message to the Congress Proposing a Comprehensive Health Policy for the Seventies," February 18, 1971. *Weekly Compilation of Presidential Documents*, Vol. 7, No. 8 (1971): 244-59.

Four basic principles on which to build a national health strategy were enumerated: 1) "Assuring Equal Access," 2) "Balancing Supply and Demand," 3) "Organizing for Efficiency," and 4) "Building on Strengths." The Administration's six-point program would reorganize delivery of service, meet special needs of scarcity areas, meet personnel needs of our growing medical system, examine malpractice suits and insurance, make efforts to reduce illnesses and accidents, and establish the National Health Insurance Partnership (financed with employer and employee funds).

240 "Statement by the President on Actions to Improve the Quality of Care at Nursing Homes and Extended Care Facilities," August 6, 1971. *Weekly Compilation of Presidential Documents*, Vol. 7, No. 3[illegible] (1971): 1148=50.

President Nexon announced new federal health programs to improve the quality of nursing care of the elderly, including an expanded training program for State nursing home inspectors and short-term practical courses for attendants in nursing homes.

241 "Statement by the President Upon Signing H.R. 8629 and H.R. 8630 (Comprehensive Health Manpower Training Act of 1971 and Nursing Training Act of 1971)," November 18, 1971. *Weekly Compilation of Presidential Documents*, Vol. 7, No. 47 (1971): 1532-33. (See items 117 and 118)

The most comprehensive health manpower legislation thus far in the Nation's history, these laws provide per capita assistance to schools, special project and financial distress grants, construction grants and interest subsidies, student assistance, and health manpower education initiative awards. The President called upon the schools to move forward with strong programs for increasing enrollment, reforming curricula, reducing the length of ttraining, and placing more health professionals in scarcity areas.

242 "The President's Message to the Congrsss," March 2, 1972. *Weekly Compilation of Presidential Documents*, Vol. 8, No. 10 (1972): 504-16.

The President cited five major deficiencies in our health care system: 1) the acute shortage of physicians in the inner cities and in many rural areas; 2) too few general practitioners to provide for the number of patients in many areas; 3) the fact that medical schools must turn away qualified applicants; 4) the shortage of health maintenance programs; and 5) the cost of catastrophic illnesses not covered by most health insurance policies. The President proposed a National Health Strategy requiring the support of Federal, State, local, and private organizations of all kinds.

243 "Statement by the President on His Decision to Sign Additional Bills Passed by the Congress," October 30, 1972. *Weekly Compilation of Presidential Documents*, Vol. 8, No. 45 (1972): 1603-04. (See item 121)

The Emergency Health Personnel Act Amendments of 1972 were passed in order to strengthen and extend the life of the National Health Service Corps, a program initiated in 1970 to meet critical health manpower needs in shortage areas. A scholarship program to help recruitment was also included in the Amendments.

244 "Statement by the President on Signing S. 1136, H.R. 2246, and S. 38 Into Law," June 19, 1973. *Weekly Compilation of Presidential Documents*, Vol. 9, No. 25, (1973): 800-01 (See item 122)

The Administration and the Congress agreed on the usual 3-5 year extension of Federal funding for formula and project grants for health services, comprehensive health planning, health services research and development, and health statistics activities. However, President Nixon agreed to extend for only 1 year those programs which he felt had not been run effectively, specifically: hospital construction subsidies, new long-term mental health center grants, regional medical programs, and subsidies to allied health and public health training.

245 "Balanced Health Care System – Message from the President of the United States" (House Document No. 93-217). *Congressional Record--House*, Vol. 120 (February 20, 1974): H 961-965.

In this message reviewing the Administration's health strategy, the President focused on new proposals that he will soon send to Congress. Among his major proposals were: 1) a comprehensive health insurance plan, 2) professional standards review organizations, 3) Federal support for local health planning boards, 4) increased financial assistance for medical students to encourage them to practice in underserved areas; funds provided to educational institutions would be limited to special projects such as the production of more primary care physicians, 5) Federal subsidies to 170 HMO's for their first three years of operation, 6) establishment of a National Center for Health Education, and 7) improved standards for nursing homes for the aged.

SECTION III:
OTHER STATEMENTS

SECRETARY OF HEALTH, EDUCATION, AND WELFARE, 1953-1955. "ADDRESSES BY OVETA CULP HOBBY, SECRETARY OF HEALTH, EDUCATION, AND WELFARE," DHEW LIBRARY COMPILATION.

300 Address at Corner-stone Laying Ceremony for New Jewish Hospital, Louisville, Kentucky, September 13, 1953.

In addition to providing needed health care, the establishment of teaching hospitals such as this one can relieve the shortage of physicians in rural areas.

301 Press Conference Statement on the Administration's Health Proposals, Washington, D.C., March 11, 1954.

The Secretary outlined Presiden: Eisenhower's health program to strengthen the Public Health Service's research activities, develop a Federal reinsurance service to encourage voluntary health insurance plans, expand the Hospital Survey and Construction Act, increase the Federal program for rehabilitation of the disabled, and develop a new, uniform grant-in-aid system to the States for public health, child health and welfare, vocational rehabilitation, and vocational education.

SECRETARY OF HEALTH, EDUCATION, AND WELFARE, 1955-1958. "ADDRESSES BY MARION B. FOLSOM, SECRETARY OF HEALTH, EDUCATION, AND WELFARE," DHEW LIBRARY COMPILATION.

302 Press Conference Statement, Washington, D.C., December 29, 1955.

The Secretary announced the Administration's recommendation to expand medical research programs in the Public Health Service and to provide Federal assistance to medical and dental schools for the construction of research and teaching facilities.

303 Address before a Meeting of the National Fund for Medical Education, New York, April 23, 1956.

The problems of providing health care to an increasing population must be solved by the joint efforts of industry, philantropy, professional and voluntary organizations, and all levels of government. The Federal Government's support for medical research projects and facilities was reviewed and private sources were called upon to meet the operating expenses of medical schools.

304 Address before the Tenth Annual Luncheon of Federal Hospital Executives, Chicago, Illinois, September 18, 1956.

Mr. Folsom reviewed ongoing programs which deal with the medical research effort, the shortage of medical manpower, and planning for more efficient use of hospital facilities and personnel.

305 "America's Stake in Medical Education." Address before the Association of American Medical Colleges, Atlantic City, New Jersey, Octoaber 21, 1957.

The Secretary discussed the need for both medical research and medical education, but said that one should not progress at the expense of the other. He cited the financial problems of educational institutions, but stressed three health problems which these institutions must confront: the rising cost of medical care, the treatment of chronic diseases, and environmental hazards.

ASSISTANT SECRETARY OF HEALTH, EDUCATION, AND WELFARE, 1957-1959. "ADDRESSES BY ELLIOT L. RICHARDSON," DHEW LIBRARY COMPILATION. (See items 327-333)

306 Address at the Anniversary Dinner of the Massachusetts Medical Society and the Massachusetts Medical Benevolent Society, Boston, Massachusetts, May 22, 1957.

Mr. Richardson cited DHEW activities affecting medicine in Massachusetts. He referred to the continuing shortage of physicians and discussed the costs of medical care, which are reduced, in part, by voluntary health insurance, and could be reduced further by the development of diagnostic centers and ambulatory treatment clinics.

307 "Federal Assistance to Graduate Education and Research." Speech presented at the Midwest Conference on Graduate Study and Research, Chicago, Illinois, April 21, 1959.

The Assistant Secretary stressed the increasing demand for highly-educated scientists, engineers, teachers, physicians, and nurses. He explained the Federal Government's intent to support basic research, particularly in medical schools and teaching hospitals, by establishing programs for long-term career development and institutional grants unrestricted by the project-approval process.

308 "The Federal Role in the Nation's Health." Speech presented at the Centennial Meeting of the Kansas State Medical Society, Topeka, Kansas, May 5, 1959.

The solution of health problems requires cooperation between Federal, State, and local governments, and the private sector. The Federal Government, through DHEW, supports medical research, the training of health professionals, research and training institutions, institutions that provide patient care, and disease prevention programs.

SECRETARY OF HEALTH, EDUCATION, AND WELFARE, 1958-1961. "ADDRESSES OF ARTHUR S. FLEMMING," DHEW LIBRARY COMPILATION.

309 Statement at News Conference, Washington, D.C., April 20, 1959.

"The great need today is for more professionally trained personnel in all fields of mental health." Reference was made to a report from the American Psychiatric Association in 1957 which recommended one physician for every 94-98 patients in mental hospitals, although the actual ratio in 1956 was one to 184 patients, or a shortage of 55 percent. Similarly, the recommended ratio of registered nurses (1:15 patients) was short by over 80 percent in 1956, when the actual ratio was only 1:77.

310 Statement issued from the Secretary's Office, January 29, 1960.

The Secretary proposed that the Public Health Service Act be amended to provide broader grants to medical, dental, and public health schools for medical and health related research and training programs.

SECRETARY OF HEALTH, EDUCATION, AND WELFARE, 1961-1962. "ADDRESSES BY ABRAHAM RIBICOFF," DHEW LIBRARY COMPILATION.

311 Address at the 150th Anniversary of the Massachusetts General Hospital, Boston, Massachusetts, February 2, 1961, read by Dr. Luther L. Terry, Surgeon General designate, Public Health Service.

To overcome shortages and inefficient use of physicians and health facilities, in addition to the problem of rising costs, Mr. Ribicoff suggested better coordination of existing health services and the application of new methods of both care and delivery.

312 "Alliance for Health." Speech presented at the Hartford County Medical Association, Hartford, Connecticut, April 4, 1962.

Because health is a national concern, its responsibility must be borne by both Federal Government and private physicians. To do its part, the Federal Government is striving to make medical care more readily available to the elderly and is also seeking funds for the construction of teaching facilities to help meet the serious impending shortage of physicians and dentists in the United States.

SECRETARY OF HEALTH, EDUCATION, AND WELFARE, 1962-1965. "ADDRESSES BY ANTHONY J. CELEBREZZE," DHEW LIBRARY COMPILATION.

313 Statement by Anthony J. Celebrezze, Secretary of Health, Education, and Welfare before the House Committee on Interstate and Foreign Commerce, February 5, 1963.

The Secretary approved of the Committee's proposed legislation to facilitate the training of more professional health manpower, and he compared it to DHEW's proposal of the previous year. In particular, he emphasized the need for construction grants to schools of nursing to help alleviate the national shortage of nurses, and he also urged that in addition to student loans, fellowship and scholarship funds be made available to medical and dental students.

314 Letter to Senator Lister Hill Reporting on H.R. 11241, August 5, 1964.

This letter offered technical amendments to specific sections of the House's proposal to increase the supply of nurses in the United States through the use of construction grants, improvement in nurse training, extension of traineeships for advanced training of professional nurses, loans to students, scholarships, and planning grants. DHEW would recommend passage of H.R. 11241 provided its suggestions were incorporated in the legislation.

SECRETARY OF HEALTH, EDUCATION, AND WELFARE, 1965-1968. "ADDRESSES BY JOHN W. GARDNER," DHEW LIBRARY COMPILATION.

315 "A Great Move Forward." Speech presented at the White House Conference on Health, Washington, D.C., November 3, 1965.

Secretary Gardner surveyed the wide scope of 1965 health legislation and indicated the future direction of DHEW activities, especially: 1) closer collaboration between Federal, State, public and private health agencies, universities, and professional groups, 2) development of regional medical programs, including specialized training for physicians, and 3) measures to promote education in the health professions.

316 Remarks prepared for the Dedication of the American Dental Association Building, Chicago, Illinois, February 27, 1966.

Major health-related legislation passed during the Johnson Administration was reviewed and future needs were discussed: more planning, additional manpower, better organization and delivery of health services, and improved services for disadvantaged groups.

SECRETARY OF HEALTH, EDUCATION, AND WELFARE, 1968-1969. "ADDRESSES BY WILBUR J. COHEN," DHEW LIBRARY COMPILATION.

317 "A Dedication to Progress." Speech presented at the Dedication of the Research Pavilion of the Institute of Rehabilitation Medicine, New York University Medical Center, New York, June 3, 1968.

In reviewing the Federal Government's involvement in rehabilitating handicapped persons, Mr. Cohen called for further efforts to improve the overall quality of medical care, education, rehabilitation, and welfare in the United States.

318 "Where Do We Go From Here?" Speech presented at the DHEW Forum, Washington, D.C., June 13, 1968.

DHEW must strive to alleviate such major domestic problems as inadequacy of the health care system, racial inequality and discrimination, poverty, and the poor quality of the environment.

319 "The Health Care in Our Future." Speech presented at Long Island Jewish Hospital, New Hyde Park, New York, June 23, 1968.

Secretary Cohen noted that in the past five years, the Federal Government has focused its health care efforts on Regional Medical Programs, a Partnership for Health Program (granting greater autonomy to States and local communities), Community Mental Health Centers, and various other programs to encourage the delivery of health care at the neighborhood level. He also announced that a new post, the Assistant Secretary for Health and Scientific Affairs, had been created to help coordinate the Department's health programs.

320 "Medical Education in a Dynamic Society." Speech presented at the Dedication of the University of Texas Medical School, San Antonio, Texas, July 12, 1968.

Secretary Cohen reviewed recent advances in disease prevention and cure, medical technology, and communications which improve health services. He emphasized, however, that one of the factors inhibiting the delivery of these services is the physician shortage. He called for a new "Flexner Report" (See item 500) to examine medical education and report on the problems medical schools and teaching hospitals can help solve.

321 "Today's Health Challenges." Speech presented at the Wisconsin Hospital Association, Milwaukee, Wisconsin, October 18, 1968.

The problems facing the health care system include: the shortage and maldistribution of health manpower and facilities; the steady increase in costs of medical care; the poor quality of care; and the deficiencies in organizing, financing, and delivering health care. Cooperation is needed to help the Federal Government improve overall health care, reduce the infant mortality rate, provide adequate child health services, improve family planning services, strengthen comprehensive family health care, extend health insurance to low-income families, and expand Medicare coverage.

PHILIP R. LEE

ASSISTANT SECRETARY FOR HEALTH AND SCIENTIFIC AFFAIRS, DHEW, 1965-1966.

322 "The Role of the Federal Government in Health and Medical Affairs." *New England Journal of Medicine* 279 (November 1968): 1139-47.

Tracing the history of Federal support in the health field, Dr. Lee emphasized the Federal Government's greatly expanded role in developing health manpower. At the same time, he acknowledged that the Government "... has been slow to encourage the development of new techniques for the delivery of service – for example, in group practice-prepayment plans, in neighborhood health centers and in model systems for the study and demonstration of new manpower roles through which physician shortages can be relieved and the quality of care improved." He called for reforms in the education and training of health professionals, notably: the need to make health careers more attractive and open to career mobility; the need to revise rigid licensure laws that restrict entry and upward mobility; the need to find more effective means of keeping practicing physicians and other health professionals abreast of the latest developments in their fields.

ROBERT H. FINCH

SECRETARY OF HEALTH, EDUCATION, AND WELFARE, 1969-1970.

323 "Remarks at the Dedication of Buildings No. 36 and 37 at NIH," November 18, 1969. Available from the Office of Information, National Institutes of Health, Bethesda, Maryland.

Secretary Finch stated that the core of the health care crisis, which involves escalating costs, inadequate facilities, and uneven resource distribution, is basically the shortage and maldistribution of health manpower.

324 "Finch-Endorsed 'Five-Year Plan' is Key Health Document to Emerge So Far From Nixon Administration; No New Departures Are Indicated." *Drug Research Reports*, Vol. 13, No. 9, Supplement (1970): S3-S13.

This official memorandum outlined the Department's preliminary five-year plan for health programs from 1971 through 1975. A top priority was health manpower development, with emphasis on family physicians and allied health manpower.

ASSISTANT SECRETARY FOR HEALTH AND SCIENTIFIC AFFAIRS, DHEW, 1969-1970.

325 "A Report on the Health of the Nation's Health Care System," and preceding remarks of the President and others. *Weekly Compilation of Presidential Documents*, Vol. 5, No. 28 (1969): 963-69.

Secretary Finch proposed specific measures to improve the financing and administration of Medicare and Medicaid programs. He also expressed his continuing interest in developing physician's assistant programs, but indicated that it was necessary to review thoroughly State licensing and certification requirements to insure that these paramedicals could be used in the health delivery system.

326 "Allied Health Workers: Now and Tomorrow." *Manpower*, Vol. 2, No. 10 (1970): 2-7.

Secretary Egeberg cited two obstacles to the Nation's health goals: methods of payment for various types of health care, and the shortage of health manpower. Even though there will be a two-thirds increase in health manpower by 1980, we will still be 25 percent short. For the 125 health occupations, not including secondary occupations, we need to develop task analyses to aid in formulating equivalency examinations, which, along with more efficient delegation of responsibility and other measures, could bring about maximum utilization of present personnel. Better recruitment would help bring more people into health careers.

SECRETARY OF HEALTH, EDUCATION, AND WELFARE, 1970-1973. UNCATALOGED, BUT AVAILABLE AT THE DHEW LIBRARY. (See items 306 and 308)

327 "Martin Memorial Lecture" to the American College of Surgeons, Chicago, Illinois, October 15, 1970.

Secretary Richardson stated that the Federal Government alone has the leverage to effect profound changes in the health system, especially in providing the major support for research, manpower development, construction, planning, and the provision of health services.

328 Address before the City of Hope Dinner, Charleston, West Virginia, January 14, 1971.

The Secretary referred to a real "health crisis" in the U.S., particularly in city slums and rural poverty areas where there are few practicing physicians and dentists, and few health facilities of any kind. This is in contrast to the somewhat misleading picture of America's health status as given by high physician/population ratios.

329 Remarks before the Albert Einstein Medical College Academic Convocation, New York, New York, November 21, 1971.

This speech focused on the Administration's health strategy, and its efforts to provide health care for all Americans, regardless of geographic location or income. The first part of this strategy was enacted in the Comprehensive Health Manpower Training Act of 1971 and the Nurse Training Act of 1971 (See items 117 and 118). Still unsolved is the health care crisis in manpower (numbers, distribution, specialization) and inefficiency in hospital use.

330 "Meeting the Nation's Health Manpower Needs." *Journal of Medical Education*, Vol. 47, No. 1 (1972): 3-9.

Underlying the Administration's health policy is a special concern for more equitable and effective utilization of health manpower resources. Many rural and inner city inhabitants do not have ready access to physicians, fewer physicians now provide primary health care, and physicians are often not as efficient as they might be in the use of their skills and time. Simply educating more doctors will not solve the physician shortage. The Federal Government, the Association of American Medical Colleges, and other gorups must find the means to influence physician distribution both by region and by specialty.

331 Remarks on the Tenth Anniversary of the Manpower Development and Training Act, Washington, D.C., March 16, 1972.

Discussing the manpower shortage in the health field, the Secretary referred to such related manpower problems as functional inefficiency in the use of professional and paraprofessionals, credentialing and licensing practices that obstruct a more efficient use of paraprofessionals, and academic requirements for degrees which may exclude able persons from practice.

332 Address before the Institute of Medicine, Washington, D.C., May 10, 1972.

Despite America's great medical research advances, our health care system has serious shortcomings: ". . . . escalating costs; uneven geographic distribution of health care personnel and facilities; increased specialization among health professionals, side by side with a scarcity of primary care practitioners; too much devotion to exotic, seldom-used facilities combined with too little concentration on the prevention of illness; overworked physicians and under-utilized assistants." Americans want access to quality health care at a price they can afford, and this requires coordinated planning between Federal, State, and local health agencies.

333 Address before the 77th Annual National Medical Convention and Scientific Assembly, Kansas City, Missouri, August 16, 1972.

Speaking to a Black organization, Secretary Richardson reviewed ongoing projects in sickle-cell anemia. He also cited two programs, one designed to increase the number of Black students in the health professions, and the other to provide better medical care to minority populations.

ASSISTANT SECRETARY FOR HEALTH AND SCIENTIFIC AFFAIRS, DHEW, 1970-1973. UNCATALOGED, BUT AVAILABLE AT THE EXECUTIVE SECRETARIAT, DHEW.

334 "New Directions for Health Manpower: The Federal Role and Professional Responsibility." Speech presented at the 17th Annual Meeting of the American Association for Inhalation Therapy, Philadelphia, Pennsylvania, November 15, 1971.

Dr. Duval emphasized that the allied health professions must develop and proliferate in an orderly fashion if the health care system is to benefit fully.

335 "A Program for Rural Health Development." Speech presented at the Joint Meeting of the First Arizona Conference on Rural Health and the Third National Symposium, Air Mobility in Community Services, University of Arizona College of Medicine, Tucson, Arizona, March 18-19, 1972.

Dr. Duval mentioned the various programs that can help the rural medical situation: HMO's, National Health Service Corps, and various manpower efforts such as the use of allied health workers, improved education, and the medical team approach.

336 "Health Strategy for the Future." Speech presented at the Sixth National Congress of Socioeconimics of Health Care (sponsored by the AMA Council on Medical Service), Fort Lauderdale, Florida, April 7, 1972. Address given by Ian A. Mitchell for Merlin K. Duval.

Dr. Duval stressed that an increase in health manpower numbers is not enough to solve our health care problems. Our manpower resources must be distributed more effectively, both as to type and location. There must be a strong emphasis on manpower productivity and preventive medicine.

337 "Implementation of Nationwide Health Programs." Speech presented at the International Macy Conference on National Health Services, The Hague, The Netherlands, June 20, 1972.

Dr. Duval predicted that one impact of national health insurance would be the increased demand for physicians, particularly those engaged in primary care. As a consequence ". . . medical schools will be encouraged to increase the output of such physicians. In the short run, we can expect a lead-lag situation where job opportunities for primary care physicians will exceed the supply. This undoubtedly will have some effect upon the cost of health care and the income of practitioners."

338 "Health Care and the Responsibilities of Freedom." Speech presented at the 59th Annual Session of the National Dental Association, New Orleans, Louisiana, July 31, 1972.

The primary goals of the national health strategy are the removal of barriers to health care and the improvement of the present system to meet increased demand. These goals will be accomplished with a combination of public and private financing. The use of dental auxiliaries and preventive maintenance programs was also discussed.

339 "To Inherit and To Possess." Speech presented at the graduation of the first medical school class of the University of California at Davis School of Medicine, Davis, California, June 9, 1973.

Addressing a class of newly graduated physicians, the Assistant Secretary for Health suggested that they consider service in the National Health Service Corps to help alleviate the serious health manpower shortages in the inner-city and rural areas. In return, they would receive a salary guaranteed by the Government, the expense of setting up private practice would be borne by the Government, and they would have the satisfaction of knowing they had served where they were desperately needed. He also recommended the Migrant Health Program and the Indian Health Service, which offer similar opportunities for young physicians.

340 "Crisis and Common Sense: The Perspective of Dr. Oliver Wendell Holmes." Speech presented before the Oliver Wendell Holmes Society of the Boston Medical Library, Boston, Massachusetts, September 25, 1972.

The health crisis was described as a conflict between every citizen's right to good health vs. the sytem's inability to meet this expectation, a situation caused by shortage and maldistribution of manpower, as well as by many financial complications. The public sector is beginning to respond – will the medical community do the same?

SECRETARY OF HEALTH, EDUCATION, AND WELFARE, 1973-

341 U.S. Congress. Senate. Committee on Labor and Public Welfare. *Hearings on Caspar W. Weinberger To Be Secretary of Health, Education, and Welfare; Part 1.* 93rd Congress, First Session. Washington, D.C.: GPO, 1973 (See item 435).

In a written response to questions from Committee Chairman Harrison A. Williams, Mr. Weinberger, then Director, Office of Management and Budget, presented his position on a variety of issues, including: the role differences between Director, OMB, and Secretary, DHEW; DHEW leadership; reorganization of the Department; the so-called Mega Proposal; Congressional/Administration differences; assistance to higher education and health manpower; the President's veto of twelve bills, specifically two bills concerning handicapped and elderly individuals; the education of handicapped children; and the role of the Director of the National Institutes of Health.

342 Speech presented at the American Health Congress, Chicago, Illinois, August 21, 1973. *HEW News*, August 21, 1973.

The Administration's total health care strategy seeks to correct such inequities as the lack of adequate health care in inner cities and rural communities, soaring medical costs, and "the dangerous trend toward overspecialization in medical practice." The National Health Service Corps is one program designed to help relieve the geographical imbalance of health professionals.

343 Speech presented at the John F. Kennedy Institute, Baltimore, Maryland, October 5, 1973. DHEW, Office of the Secretary.

In support of Dr. Robert Ebert's prediction that in the future there will be a shorter period of training for physicians, earlier exposure of medical students to patients, and a decrease in the trend toward specialization with more physicians being trained in primary care, the Secretary referred to the present geographical imbalance in medical services, the overly long period of medical training, and the lack of task delegation to physician's assistants, paramedical personnel, etc. To help correct some of these shortcomings, DHEW is encouraging the training of nurse midwives and physician's assistants. It is also initiating a new program to provide training fellowships directly to medical researchers rather than to institutions. In the future, family medicine must get greater emphasis, including the training of primary care physicians, physician's assistants, dentists, dental technicians, nurse-midwives, and paramedics.

344 Speech presented at the American Public Health Association, San Francisco, California, November 5, 1973. DHEW, Office of the Secretary.

The Secretary reaffirmed his commitment to further the national health strategy by improving coordination of the various Federal and State health programs now in existence, eliminating the unproductive or duplicate programs, and, wherever possible, granting more power and funds to the local communities. As continuing and persistent problems, he cited the increasing need for family physicians, soaring medical costs, and concern with the quality of health care.

ASSISTANT SECRETARY FOR HEALTH, DHEW, 1973-

345 Speech delivered to the American College of Obstetricians and Gynecologists, Miami, Florida May 22, 1973. In *Drug Research Reports*, Vol. 16, No. 22, Supplement (1973): S14-S18.

Although such Federal health programs as the Partnership for Health and Regional Medical Programs have made worthwhile contributions, they have suffered from a lack of focus and cohesiveness. The complex forces that affect the health field, whether research discoveries or decisions of political leaders, professional organizations, or ordinary citizens, must be fitted into a balanced strategy for the Nation's health. Even though Federal health spending in the 1974 fiscal year is nearly six times what it was in 1965, ". . . we are still left with serious problems of maldistribution that find some people and some regions of the country critically underserved. We are still burdened by inefficient and outmoded methods of organizing and delivering health care. We are still training people for the wrong kinds of jobs and using them in ways that restrict their contribution to patient care and add to spiraling costs." Future DHEW health activities will make more effective use of the contributions that can be provided by the medical profession, the medical schools, the hosptials, and other groups and individuals who use the health care system.

346 "A Candid Look at Health Manpower Problems." Speech delivered to the 84th Annual Meeting of the Association of American Medical Colleges, Washington, D.C., November 5, 1973.

After reviewing past and present trends in the supply of health manpower in the United States, the Assistant Secretary for Health stated that Federal financing of medical education, if continued at the present level, could lead to an oversupply of physicians. He urged that greater attention be focused on the problems of rising health care costs, the uneven quality in the services provided by physicians and others, and the serious imbalances in supply and demand of health resources (maldistribution). To overcome the deficiencies relating to health manpower education, Dr. Edwards proposed that both the medical schools and the Government (1) seek to maintain the present levels in training health care personnel so as to assure large future increases in the supply of manpower; (2) deal concretely with maldistribution problems; (3) resolve the problem of minority and female underrepresentation in the health professions, especially medicine and dentistry; and (4) improve efficiency in health care productivity through the use of allied health professionals, group practice, etc.

SECTION IV:
SIGNIFICANT REPORTS ISSUED BY THE FEDERAL GOVERNMENT

400 Ewing, Oscar R. *The Nation's Health: A Ten Year Program; A Report to the President.* Washington, D.C.: GPO, 1948. (Known as the "Ewing Report") (See items 201 and 503)

In his recommendations, based on the National Health Assembly's study, Federal Security Administrator Ewing reported to President Truman that people must be assured adequate health services. Ewing proposed that the level of supply already attained by the top 12 States – 1 physician for every 667 persons (150/100,000), 1 dentist for every 1,400 persons (72/100,000), and 1 nurse (professional or practical) for every 280 persons (357/100,000) – should be set as the Nation's ultimate goal, but recommended that the first aim should be to meet, by 1960, the Nation's minimum demand of 227,000 physicians, 95,000 dentists, and 443,000 nurses (of all types). Ewing also proposed Federal aid for the construction of new or expanded schools, the operation of teaching programs, and a scholarship and fellowhip program for students. In addition he would encourage greater efficiency in the use of professional personnel through the further development of group practice, the wider use of supporting workers, and the extension of refresher and postgraduate training courses.

401 Mountin, Joseph W.; Pennell, Elliott H.; and Berger, Anne G. "Health Service Areas: Estimates of Future Physician Requirements." *Public Health Bulletin No. 305.* Washington, D.C.: GPO, 1949.

This monograph described the distribution of physicians in terms of medical service areas, estimated the number of physicians that might be utilized if health services were extended more uniformly throughout the Nation, and forecast possible physician resources. Base line data were obtained fromthe 1940 National census and from the 1940 American Medical Directory. The authors stated that their analyses were not intended as recommendations, but only to illustrate methods that could later be used to prepare physician estimates.

402 U.S. Federal Security Agency. *Medical School Grants and Finances: Conclusions and Recommendations.* Part I of a Report by the Surgeon General's Committee on Medical School Grants and Finances. Washington, D.C.: GPO, 1951. Public Health Service Publication No. 53 (Known as the "Reed Report") (See items 403 and 404)

This Committee reported the amount, type, distribution, and purpose of Public Health Service grants to all 79 medical schools and evaluated the effects of the grants on the institutions. Information was also given on private support for medical research and education, and the overall financial status of the schools.

403 U.S. Federal Security Agency. *Medical School Grants and Finances: Financial Status and Needs of Medical Schools.* Part II of a Report by the Surgeon General's Committee on Medical School Grants and Finances. Washington, D.C.: GPO, 1951. Public Health Service Publication No. 54. (Known as the "Reed Report") (See items 402 and 404)

In its second report, the Committee provided a detailed account of the income, from all sources, of the 79 medical schools and a breakdown of their expenses.

404 U.S. Federal Security Agency. *Medical School Grants and Finances: Public Health Service Grants – Their Distribution and Impact on Medical Schools.* Part III of a Report by the Surgeon General's Committee on Medical School Grants and Finances. Washington, D.C.: GPO, 1951. Public Health Service Publication No. 55. (Known as the "Reed Report") (See items 402 and 403)

In its third report, the Committee summarized the amounts and types of Federal grants for medical research distributed by the National Institutes of Health to both institutions and individuals.

405 U.S. President's Commission on the Health Needs of the Nation. *Building America's Health: A Report to the President.* Washington, D.C.: GPO, 1952. (Known as the "Magnuson Report") (See item 205)

This report was issued in five volumes: (1) Findings and Recommendations, (2) America's Health Status, Needs, and Resources, (3) America's Health Status, Needs, and Resources: A Statistical Index, (4) Financing a Health Program for America, (5) The People Speak – Excerpts from Regional Public Hearings on Health.

Six different estimates were made of the total requirements for physicians, dentists, and nurses for 1960 based on a series of varied premises of staff/population ratios. To increase the supply of physicians, dentists, and nurses to a level at which minimum standards could be met in all parts of the country would require many years of effort. The Commission recommended Federal aid to schools of medicine, dentistry, nursing and public health, Federal supported scholarships for students in the health professions, and more efficient use of existing professional personnel through, for example, better organization of practice, and greater delegation of tasks to auxiliary workers.

406 U.S. Office of Defense Mobilization. Health Resources Advisory Committee. *Mobilization and Health Manpower. Part I: Report to the Director of the Office of Defense Mobilization.* Washington, D.C.: GPO, 1955. (Known as the "Rusk Report") (See item 407)

This report summarized some of the findings of the Health Resources Advisory Committee of the Office of Defense Mobilization on health resources and potentials in the United States, and the effects of military mobilization on specific sectors of the population. The Committee foresaw a declining ratio of physicians and dentists to population by 1960, and unmet demands for nurses. Despite improved utilization of health personnel by the Armed Forces, military requirements continued to be high in relation to those of the civilian population. If mobilization remained at announced levels, the existing doctor draft law would meet military needs for physicians, although it would not maintain the present ratio of dentists to troops. If mobilization increased substantially, the protection of civilian health would become a matter of serious concern.

407 U.S. Office of Defense Mobilization. Health Resources Advisory Committee. *Mobilization and Health Manpower. A Report of the Subcommittee on Paramedical Personnel in Rehabilitation and Care of the Chronically Ill.* Washington, D.C.: GPO, 1956. (Known as the "Rusk Report") (See item 406).

The Subcommittee compiled extensive data on supply and requirements of paramedical personnel. Their findings revealed that: (1) An undetermined number of Americans suffering from physical disabilities and chronic illnesses were in need of services provided by physical therapists, occupational therapists, social workers, clinical and counseling psychologists, speech and hearing therapists, rehabilitation counselors, and nurses. (2) There were not enough of these paramedical personnel to meet existing or expected future needs. (3) The supply of personnel and the level of training did not constitute an adequate mobilization base. (4) Support to increase the supply of such personnel had already been recognized as a Federal responsibility, with the program carried out mainly by the Office of Vocational Rehabilitation and the Public Health Service. (5) Federal programs of aid for training were soundly conceived and well administered. (6) No new Federal legislation to increase the national supply of paramedical personnel was needed at that time. (7) National needs for health personnel could be achieved through continuing and increased support of existing Federal programs. (8) In case of a national disaster, the training of paramedical personnel could be substantially increased by using the framework of ongoing programs.

408 U.S. Congress. House. *Medical School Inquiry: Staff Report to the Committee on Interstate and Foreign Commerce.* Washington, D.C.: GPO, 1957.

This report was prepared to give a comprehensive view of Federal aid to medical schools. It contains statistical and financial information (i.e., capacity, future requirements, cost, and support programs) on medical schools, dental and dental hygiene schools, osteopathic colleges, and schools of public health.

409 U.S. Department of Health, Education, and Welfare, Office of the Secretary. *The Advancement of Medical Research and Education through the Department of Health, Education, and Welfare. Final Report of the Secretary's Consultants on Medical Research and Education.* Washington, D.C. GPO, 1958. (Known as the "Bayne-Jones Report")

This group reported that the demand for medical care is influenced by such factors as demographic changes, changes in therapy, urbanization and suburbanization, use of ancillary personnel, and available facilities, all of which increase or decrease the number of people who can be treated by a physician. It was concluded that it would not be in the public interest for the number of physicians per 100,000 population to fall below the 1955 ratio of 132 per 100,000. This ratio had remained relatively constant over the past 30 years. To maintain this ratio the output of physicians would have to expand by 1970 to 8,700 per year from U.S. schools, plus 750 per year from foreign schools. Therefore, to reach this level, the domestic production would have to rise by 1900 per year by 1970. The group recommended more two-year medical schools to more fully utilize the available clinical institutions and faculties. Even with such expedients, however, another 14 to 20 four-year medical schools would be needed if the ratio were to be maintained.

410 U.S. Public Health Service. Surgeon General's Consultant Group on Medical Education. *Physicians for a Growing America.* Washington, D.C.: GPO, 1959. (Known as the "Bane Report")

Charged with the question, "How shall the Nation be supplied with adequate numbers of well-qualified physicians?" the Consultant Group examined various factors (geographic distribution, changing patterns of medical practice, growth of specialization, urbanization, the problem of aging and chronic illness, etc.) and found indications of increasing demand for medical services. The group set the maintenance of the 1959 ratio of 141 physicians per 100,000 population as a minimum goal for 1975, which would require a 50% increase in the output of medical schools. Since this would require expansion of existing schools and establishment of new schools, they recommended that the Federal Government provide matching grants for the construction of teaching facilities, contribute toward basic operating expenses, and provide other forms of assistance such as education grants-in-aid to medical students. Expansion of educational facilities for dentistry, nursing, and other health professions was also advocated.

411 U.S. Congress. Senate. Committee on Appropriations. Subcommittee on Departments of Labor and Health, Education, and Welfare. Committee on Consultants on Medical Research. *Federal Support of Medical Research.* Washington, D.C.: GPO, 1960. (Known as the "Jones Report")

Because of the growing shortage of physicians and dentists in the United States, the Committee urged that the measures outlined in the Bane Report (See item 410) be implemented immediately – expansion of existing schools of medicine, establishment of two-year schools, and the construction of approximately 20 new four-year medical schools and 22 new dental schools. To attract more students to medicine, the Committee recommended extensive career counseling at the high school and college levels, and a strong program of financial aid for medical students. Medical research efforts should continue to expand by drawing manpower from the increasing number of Ph.D. graduates, and developing programs for the training of support personnel.

412 U.S. Surgeon General's Consultant Group on Nursing. *Toward Quality in Nursing: Needs and Goals.* Washington, D.C.: U.S. Public Health Service, 1963. (Also available from the GPO, Public Health Service Publication No. 922.)

The Consultant Group on Nursing estimated that 850,000 professional nurses, in all areas of service, would be required to meet the needs of the Nation by 1970. A feasible goal of 680,000 professional nurses would require a 75% increase in the number of nursing school graduates. The group recommended Federal assistance to stimulate recruitment to nursing schools, to expand and improve nursing school educational programs, to help professional nurses get advanced training, to promote better utilization of nursing

personnel, and to provide increased support for research. They also suggested that a long-term study, possibly 5 to 10 years, be made of the present system of nursing education to determine the responsibilities and skill levels needed for high-quality patient care.

413 U.S. President's Commission on Heart Disease, Cancer, and Stroke. *A National Program to Conquer Heart Disease, Cancer, and Stroke; Report to the President.* 2 Volumes. Washington, D.C.: GPO, 1064-65.

The President's Commission concluded that prevention and control of heart disease, cancer, and stroke would require expansion of the entire work force in health services. Shortages were found to exist in all health occupations, although physician supply was the most critical. Because the need for trained health manpower could not be met during the decade (1960-70), the Commission urged more effective utilization of present manpower resources and an immediate massive program for training additional physicians, dentists, nurses, and other health personnel. They also recommended increased Federal support in all areas of health manpower education.

414 U.S. Department of Labor and U.S. Department of Health, Education, and Welfare. *Training Health Service Workers: The Critical Challenge.* Proceedings of the Conference on Job Development and Training For Workers in Health Services. Washington, D.C.: GPO, 1966.

The Conference included addresses by leaders in the health field plus panel discussions focussing on the recruitment, education, utilization, and mobility of health services workers.

415 U.S. Department of Health, Education, and Welfare. *A Report to the President on Medical Care Prices.* Washington, D.C.: GPO, 1967. (Known as the "Gorham Report")

In 1966, the Bureau of Labor Statistics reported that its index of medical care prices rose 6.6% and the index of hospital daily room rates went up 16.5%. The major causes for such price increases were people seeking medical services more often, the slow increase in number of physicians, rising hospital wages and the rising number of employees per patient, increases in other hospital costs, and the rise in drug prices. The Gorham Committee recommended further comprehensive development of community health care systems, group practice, especially pre-paid group practice, private and public health insurance plans, and Federally supported health care programs to train physician's assistants. In addition, the Department of Health, Education, and Welfare was urged to call a national conference on medical costs, and to make Federal funds available (under the Health Professions Educational Assistance Amendments of 1965) (See item 107) for encouraging innovative educational and training programs in the health professions.

416 U.S. Department of Health, Education, and Welfare, Bureau of Health Manpower. *Health Manpower, Perspective: 1967.* Washington, D.C.: GPO, 1967.

This report indicated that there were 2.8 million people in health occupations in 1966 and that another million would be needed by 1975 – a doubling of the 1966 output of health workers. To meet its health service needs, the Nation would need to improve its organization of services, and it was recommended that a careful and complete examination be made of the duties of all health workers. Various methods for increasing manpower supply were discussed, such as increasing medical school capacities, and improving physician utilization, as in group practice.

417 U.S. Department of Health, Education, and Welfare, Bureau of Health Manpower, Division of Nursing, Program Review Committee. *Nurse Training Act of 1964: Program Review Report.* Washington, D.C.: GPO, 1967. Public Health Service Publication No. 1740. (Known as the "Willard Report") (See item 105)

The Program Review Committee evaluated the Nurse Training Act of 1964 and recommended that the Act be extended and that Federal support be increased for nursing education and nursing service. They stressed the importance of providing a sufficient number of appropriately trained nurses to meet the differing needs of various geographic regions. The Committee also reported on the present supply and future requirements for nurses, enrollments in nurse education programs, and funds provided by the Nurse Training Act.

418 U.S. Department of Health, Education, and Welfare, Office of the Secretary. *Proceedings of The White House Conference on Health; November 3, and 4, 1965.* Washington, D.C.: GPO, 1967.

The three topics discussed were: 1) health professions education, 2) health care, and 3) health protection. The participants concluded that more planning was needed in all these areas to assure an adequate number of trained health workers, a better delivery system, and a healthy environment.

419 National Advisory Commission on Health Manpower. *A Report of the National Advisory Commission on Health Manpower.* 2 Volumes. Washington, D.C.: GPO, 1967. (See items 227, 228, 229, and 232)

The Commission considered a wide variety of health manpower subjects – education and supply, Federal use of health manpower, Foreign Medical Graduates (FMGs), and the organization of health services. It also discussed supply, demand, and price of health manpower in 1975, and projected a doubling of demand for physicians' services in the decade 1965-1975. The Commission predicted that in all other categories of health manpower, demand would exceed supply, though the gap was not expected to be large for nursing. Volume II analyzed more fully the findings reported in Volume I, particularly in regard to trends in physician supply, statistics on increasing the supply of physicians, dentists, and nurses, the education of these professionals, and licensure.

420 National Advisory Health Council. *Education for the Allied Health Professions and Services: Report of the Allied Health Professions Education Subcommittee of the National Advisory Health Council.* Washington, D.C.: GPO, 1967.

The Council concluded that there are major needs for health manpower which constitute a serious national problem, particularly a need for comprehensive planning of education in the health services and for strengthened interrelationships among these fields. To make comprehensive health services available to all people requires an educational structure of a sufficient magnitude to supply adequate numbers of well-prepared personnel, and a smoothly functioning organizational structure. The Council proposed doubling the output of educational programs for professional and technical workers for allied health services. To assure the high quality of these programs, it was recommended that the Public Health Service, in cooperation with others, encourage and assist in developing university schools of allied health professions, preparing teachers for technical and professional programs, and developing core curricula and career ladders.

421 U.S. Department of Health, Education, and Welfare. *Report of the National Conference on Medical Costs.* Washington, D.C.: GPO, 1968.

The Conference concluded that it is the responsibility of the entire health care community to seek ways to lower the costs and improve the delivery of health care to the public. Although there were no formal recommendations, the Conference submitted a number of proposals suggesting what might be done to alleviate the problem. For example, the numerous professional organizations should take the initiative in exercising cost controls, broader training should be provided for pharmacists to enable them to play a larger role in the health care system, group practice should be considered by more doctors as an alternative to improve the quality and quantity of medical services, and steps must be taken to develop more comprehensive personal health insurance with improved methods of compensation.

422 U.S. Congress. Senate. Committee on Government Operations. Subcommittee on Executive Reorganization and Government Research. *Federal Role in Health. Report of the Subcommittee.* Washington, D.C.: GPO, 1970.

As a result of a series of hearings held in 1968, the Subcommittee concluded that the Nation's private health care system was in need of drastic improvements in order to avoid a major crisis. Some of the recommendations of the Subcommittee were: 1) the establishment of a high-level council in the executive branch to formulate national health policy, 2) the reorganization of the Department of Health, Education, and Welfare with an Under-Secretary for Health and four Assistant Secretaries to coordinate budget and planning; science, manpower, and education; health care services; and consumer protection, and 3) a General Accounting Office investigation of Federal hospital construction.

423 U.S. Department of Health, Education, and Welfare. *The Health Professions Educational Assistance Program; Report to the President and the Congress.* Washington, D.C : U.S. Department of Health, Education, and Welfare, 1970.

In this report, DHEW summarized the legislative background of Federal assistance to the education of health professionals, beginning with the Health Professions Educational Assistance Act of 1963 (See item 103), through the Health Manpower Act of 1968 (See item 112). The report also provided data on health manpower demand, supply, and requirements, in addition to selected information on educational institutions and their students.

424 U.S. Department of Health, Education, and Welfare. *Progress Report on Nurse Training – 1970; Report to the President and the Congress.* Washington, D.C.; U.S. Department of Health, Education, and Welfare, 1970.

This document is an evaluation of the progress that has been made in nursing education and nursing services since the Nurse Training Act of 1964 (See item 105) was enacted by the Congress. It is an update of the report "Nurse Training Act of 1964 – Program Review Report" (See item 417). Included is a history of Federal support of nursing and selected statistical data.

425 U.S. Department of Health, Education, and Welfare, National Institutes of Health, Bureau of Health Professions Education and Manpower Training, Division of Allied Health Manpower. *The Allied Health Professions Personnel Training Act of 1966, As Amended; Report to The President and the Congress.* Washington, D.C.: GPO, 1970. (See item 110)

This report outlines the provisions of the Allied Health Professions Personnel Training Act, its implementation, and grant program accomplishments. Included are data on allied health manpower supply and requirements for medical, dental, and environmental health personnel, and projections of supply and requirements. Educational and training needs are discussed.

426 Pennell, Maryland; Proffitt, John R.; and Hatch, Thomas D. *Accreditation and Certification in Relation to Allied Health Manpower.* U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health. Washington, D.C.: GPO, 1971.

This report discussed the role of professional organizations in the accreditation of educational programs and the certification of qualified personnel. Included are an appendix of selected information on 16 allied health occupations, a table of health occupations licensed in each State, a list of associations granting specialized accreditation in health education occupations, and a list of those non-governmental agencies which certify or register specialized health professionals.

427 U.S. Congress. House. Committee on Interstate and Foreign Commerce. *Selected Characteristics of Medical Education in the United States, 1969-1970.* Washington, D.C.: GPO, 1971. (See "Medical Education in the United States," *JAMA*, Vol. 214, No. 8 (1970): 1483-1549, for source of data.)

Each medical school was described in terms of ownership, year of organization, tuition, number of students, graduates in 1969-70, and number of faculty by department. For schools being developed, data was given on starting date and maximum first-year enrollment.

428 U.S. Congress. House. Committee on Ways and Means. *Basic Facts on the Health Industry.* Washington, D.C.: GPO, 1971.

This chartbook, prepared for the use of the Committee, presented profiles of the current health care industry in the U.S., and included information on its past growth and development. The major topics covered are: 1) the major characteristics of the health industry, 2) the services, costs, etc., of the hospital industry, 3) the supply and characteristics of physicians' services, 4) what the private health industry is and does, and 5) mortality rates and other factors affecting the health status of the patient.

429 U.S. Congress. Senate. Committee on Labor and Public Welfare. Subcommittee on Health. *Health Care Crisis in America, 1971;* Hearings, Parts 1-11. Washington, D.C.: GPO, 1971.

At the beginning of these hearings, Secretary Richardson and Professor Rashi Fein gave testimony on present and proposed Federal health care programs. Further testimony was given by representatives of various health care agencies, major health insurance groups, health professions associations, health professions schools, and hospital associations. In the last month of the hearings, the Senate Subcommittee on Health traveled to various metropolitan areas (New York, Cleveland, Chicago, Los Angeles, San Francisco), affluent suburban communities (Nassau and Westchester Counties, New York), and rural areas (West Virginia and Iowa) to better understand the health needs of these communities from testimony given by local health authorities and private citizens.

430 U.S. Department of Health, Education, and Welfare. *Towards a Comprehensive Health Policy for the 1970's: A White Paper.* Washington, D.C.: GPO, 1971.

This White Paper discussed such manpower problems as poor distribution (geographical and type of practice), poor utilization, financial difficulties of professional schools, the population increase (22-27 million by 1980, including 4 million more elderly persons), increased demand stemming from greater insurance coverage, and minority and female under-representation in schools. Health Maintenance Organizations and the Emergency Health Personnel Act of 1970 (See item 116) were also cited.

431 U.S. Department of Health, Education, and Welfare, Office of the Assistant Secretary for Health and Scientific Affairs. *Report on Licensure and Related Health Personnel Credentialing.* Washington, D.C.: GPO, 1971. (DHEW Publication No. (HSM) 72-11.) (See item 436)

DHEW experts examined the licensing process and its influence on foreign graduates, mobility, etc., and recommended developments of meaningful equivalency and proficiency examinations in appropriate categories for entry into education programs and job positions. The panel urged various actions by the States: a two-year moratorium on enactment of licensure legislation to establish new categories of health personnel – with a report at the end of two years by the Secretary, the expansion of functional scopes of health practice acts, the extension of delegational authority, and the adoption of national examinations for specific categories.

432 U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health; *Equivalency and Proficiency Testing: A Survey of Existing Testing Programs in Allied Health and Other Health Fields.* Washington, D.C.: GPO, 1971.

A description of existing testing programs in allied health and other health occupations was compiled to show the need for more universally acceptable examinations in these fields in order to promote greater career mobility. Included is an annotated bibliography of literature useful to those interested in the health fields.

433 Comptroller General of the United States. *Program to Increase Graduates From Health Professions Schools and Improve the Quality of Their Education: Report to the Congress by the Comptroller General of the United States.* Washington, D.C.: U.S. General Accounting Office, 1972.

In 1972, the shortage of physicians was estimated at 50,000 and the shortage of dentists at 20,000. The principal objectives of the Health Professions Educational Assistance Program are to increase the output of health professions schools and improve the quality of education in these schools. Grants awarded under the program have assisted medical and dental schools to increase enrollments, but the program has not established the annual increase in enrollments needed to eliminate shortages of health professionals in the United States.

434 Stevens, Rosemary and Vermeulen, Joan. *Foreign Trained Physicians and American Medicine.* Washington, D.C.: GPO, 1972. (DHEW Publication No. (NIH) 73-325.)

This study ". . . offers a state-of-the-art review of what is presently known about foreign trained physicians in the United States and the implications of this knowledge for future policy developments and academic research." The authors discuss distribution trends of FMGs in the U.S., testing and licensure, and international exchange and immigration. Over 50 tables are included, as well as an extensive bibliography.

435 U.S. Department of Health, Education, and Welfare. "Comprehensive HEW Simplification and Reform, MEGA Proposal." In *Caspar W. Weinberger To Be Secretary of Health, Education, and Welfare* (Part 2, Appendix); Hearings before the Committee on Labor and Public Welfare, U.S. Senate, 93rd Congress, First Session. Washington, D.C.: GPO, 1973. (See item 341)

Following the guidelines of President Nixon's New Federalism to simplify and decentralize existing Federal programs, this comprehensive plan, drawn up by key DHEW officials, proposed new measures in: (a) health insurance, (b) student aid, (c) welfare reform, (d) special revenue sharing, and (e) "capacity building," i.e., consolidating State and local service programs. Individual States, rather than institutions of higher education, would provide student financial aid, but it would be limited to low-income students early in their college years. Little Federal support would go to students in health professional schools because, potentially, they have a high level of income and because the number of applicants far exceeds the number of training positions. Targeted subsidies in health manpower education would be directed toward alleviating geographic/specialty maldistribution and under-representation of women and low-income students in medical schools; regulatory action would also be taken to remove licensure and credentialing barriers.

436 Cohen, Harris S. and Mijke, Lawrence H. *Developments in Heath Manpower Licensure: A Follow-up to the 1971 Report on Licensure and Related Health Personnel Credentialing.* U.S. Department of Health, Education, and Welfare, Public Health Service, Health Resources Administration, Bureau of Health Services Research and Evaluation, DHEW Publication No. (HRA) 74-3101. Washington, D.C.: GPO, 1973. (See item 431)

This report examines the actions that the various States have taken in response to DHEW's 1971 recommendation (*Report on Licensure and Related Health Personnel Credentialing*) that the States maintain a two-year moratorium on establishing any new categories of health professional licensure. In a foreword, Assistant Secretary Charles C. Edwards, DHEW, recommends that the moratorium be extended through the calendar year 1975, and refers to plans for an information clearinghouse on professional licensure. Among the topics discussed in the report are: State studies of licensed health manpower; expanding the role of State licensing boards; licensure and interstate mobility of health manpower; proficiency and equivalency testing; continuing education and its relationship to quality of care; developments in institutional licensure; and the foreign medical graduate.

SECTION V:
OTHER
SIGNIFICANT REPORTS

500 Flexner, Abraham. *Medical Education in the United States and Canada.* A Report to the Carnegie Foundation for the Advancement of Teaching. Boston: The Merrymount Press, 1910. (Known as the "Flexner Report")

In Part I of this study, Flexner examined the current status of medical education, particularly the requirements for entering medical school, scientific preparation in college, and clinical experience while in medical school. Flexner concluded that there was an over-production of ill-trained physicians due to many commercial medical schools which lacked sufficient funds and direction to provide proper medical training. He recommended fewer, but better equipped and better conducted, medical schools which would graduate fewer, but better trained, physicians. Part II provided a description of all existing medical schools in the U.S. and Canada based on site visits conducted in 1909 and 1910.

501 The Commission on Medical Education. *Final Report of the Commission on Education.* New York: Office of the Director of Study, 1932.

This Commission was organized in 1924 to study the problems of medical practice, community health needs, the delivery of health care, medical licensure, maldistribution, and particularly medical education. The report includes estimates of physician/population ratios for 1940-1980, analyzes medical schools here and abroad, and gives statistical tables on various aspects of medical education and medical practice.

502 Lee, Robert I. and Jones, Lewis W. *The Fundamentals of Good Medical Care; An Outline of the Fundamentals of Good Medical Care and An Estimate of the Service Required to Supply the Medical Needs of the United States.* Chicago: University of Chicago Press, 1933. (Known as the "Lee-Jones Study")

On behalf of the Committee on the Costs of Medical Care, Drs. Lee and Jones estimated health manpower requirements of the Nation. Based on the Committee's expert opinions on the amount of care needed to provide adequate preventive, diagnostic, and curative services, the authors found a need for more doctors and dentists. In regard to nurses, the supply was estimated to be above current needs, although regional shorages were noted. Lee and Jones doubted, however, that the Nation could economically support an increased supply of professional health personnel at the time. They concluded that the provision of adequate medical care depends more upon redistribution of the (then) current supply of health manpower, than upon increasing the number of personnel.

503 National Health Assembly. *America's Health; A Report to the Nation by the National Health Assembly.* New York: Harper and Brothers, 1949. (See items 201 and 400)

This assembly convened to help formulate Federal programs to improve the Nation's health care system for the next decade. It primarily considered the country's need for physicians, dentists, and nurses, although some attention was given to other types of health personnel. The demand for physicians by 1960 was projected to be at least 15,000 more than estimated current rates of supply would make available. Also anticipated was an increased need for dentists, nurses, pharmacists, and other professional health personnel. The assembly favored Federal financial aid to medical schools for construction, operation, and expansion, and student scholarships, and recommended the use of Federal funds, in varying degrees, for the training of other health professionals.

504 West, Margaret and Hawkins, Christy. *Nursing Schools at the Mid-Century.* A report prepared under the auspices of the Subcommittee on School Data Analysis for the National Committee for the Improvement of Nursing Services. New York: National Committee for the Improvement of Nursing Services, 1950.

This 1949 report on practices in schools of nursing is based on a survey of 97% of all the nursing schools in the United States, including Hawaii, and Puerto Rico. The survey revealed great diversity in nursing education patterns in different parts of the country, at the same showing that the same general problems exist everywhere. Subjects covered in the survey included the general organization of schools of nursing, general and minority enrollment, curriculum and instruction, clinical resources, student performance on State board examinations, and the cost of nursing education.

505 Deitrick, John E. and Berson, R. C. *Survey of Medical Education: Medical Schools in the United States at Mid-Century*. New York: McGraw-Hill Book Company, 1953. (Known as the "Deitrick Report")

This survey of medical education in the United States during the 1950's was conducted by the American Medical Association in cooperation with the Association of American Medical Colleges. Based on the facts and opinions from the medical schools, and upon survey visits to a large and representative proportion of these schools, the study made specific recommendations for improving medical education.

506 Knott, Leslie W.; Vreeland, Ellwynne M.; and Gooch, Marjorie. *Cost Analysis for Collegiate Programs in Nursing. Part I, Analysis of Expenditures, Part II, Current Income and Other Resources*. New York: National League of Nursing, 1957.

This manual provides a comprehensive method for analyzing the costs of collegiate programs in nursing. Part I analyzes expenditures for nursing education in various kinds of institutions (university hospitals, associated hospitals, associated public health agencies, etc.). Part II analyzes income, discusses the value of services contributed by nursing students, and summarizes the relationship between expenditures and income.

507 Carroll, Augustus J. *A Study of Medical College Costs*. Evanston, Illinois: Association of American Medical Colleges, 1958.

A cost-analysis study of medical education derived from financial data from nineteen medical schools, both public and private. Comparisons are made in terms of medical college costs, medical college salaries, medical service plans, cost factors, and costs of clinical teaching facilities. The author found that there was no single factor which would explain the wide variations in departmental costs, although it was recognized that some colleges were more successful than others in getting financial support. A large departmental budget was not always an indication of high quality, and a very low budget was not always an indication of a weakness, although an outstanding department had to be well supported by funds, facilities, and services.

508 West, Margaret D. and Crowther, Beatrice. *Education for Practical Nursing, 1960*. A Report of the Committee on Questionnaire Study of Practical Nursing Schools. New York: National League for Nursing, 1962.

Initiated by the Steering Committee of the National League for Nursing's Council on Practical Nursing, this study sought to determine what would be needed to develop a school improvement and accrediting program in practical nursing. On the basis of questionnaires completed by all 662 State-approved practical nursing programs in existence in 1960, the Committee recommended that administrators use the conclusions as a basis for evaluating their own practical nursing programs.

509 Coggeshall, Lwelll T. *Planning for Medical Progress Through Education; a Report*. Evanston, Illinois: Association of American Medical Colleges. 1965. (Known as the "Coggeshall Report")

This committee report concluded that national requirements would always exceed physician supply, and that health personnel would be needed to support the physician acting as a team leader (task delegation). They recommended improvements in the health care delivery system, and called upon universities to assume increasing responsibility for health education and medical sciences.

510 Cope, Oliver and Zacharias, Jerrold. *Medical Education Reconsidered. Report of the Endicott House Summer Study on Medical Education, July 1965*. Philadelphia: J.B. Lippincott Company, 1966.

Thirty-five participants from various medical schools, private foundations, and government agencies met and recommended measures to sharply reduce the amount of time required for medical training at all levels. Among the specific recommendations made were: 1) that medical schools develop individualized curricula

for each specialty, including medical research and administration; 2) that colleges, and even secondary schools, provide more advanced science courses to enable students to enter medical school after only 2-3 years of undergraduate study; and 3) that medical schools institutionalize direct ties to group practices to permit graduates to complete their formal education in these settings.

511 Citizens Commission on Graduate Medical Education. *The Graduate Education of Physicians.* Chicago: American Medical Association, 1966.

After examining the process of medical education from medical school through internship and residency, this Commission concluded that medical training has not adapted to the changing needs of society. Proposed goals included changes in medical education to produce more physicians capable of working in cooperation with other health professionals and capable of providing comprehensive health care.

512 American Medical Association, Council on Medical Education, Ad Hoc Committee on Education for Family Practice. *Meeting the Challenge of Family Practice.* Chicago: American Medical Association, 1966. (Known as the "Willard Report")

The Committee declared that the American public wants well-qualified family physicians to provide comprehensive personal health care. It recommended special efforts to encourage development of new programs for the education of large numbers of family physicians for the future, new sources of financial assistance for the support of family practice teaching programs, and recognition and status equivalent to other medical specialties for family practice, including an appropriate system of specialty certification.

513 *The Crisis in Medical Services and Medical Education; Report on an Exploratory Conference*, February 20-25, 1966, Fort Lauderdale, Florida. Sponsored by the Commonwealth Fund and Carnegie Corporation, (n.p.) 1966.

To improve the health care delivery system, the United States must make changes in its medical education which, while very different in kind, are as fundamental as those called for by Abraham Flexner in his report of 1910. (See item 500). Underlying the dilemma is the fact that American medical education has not kept pace with social change. Thus, the content, organization, and purpose of medical training are not appropriate for the health needs of the public. The conference analyzed social factors affecting the demand for medical service and factors within medicine contributing to the crisis. It dealt with delivery of services, numbers and distribution of medical personnel, content of medical curricula, and the roles of the university, the hospital, and the medical center.

514 Shryock, Richard Harrison. *Medical Licensing in America, 1650-1965.* Baltimore: John Hopkins Press, 1967.

The author traces the historical trends in medical licensure through two major periods: early licensing, 1650-1875; and medical reform, 1875-1965. Historically, three issues have been involved in the quality of medical care – quackery, obsolescence, and the multiplicity of licensing boards. Over 150 references are cited.

515 National Commission on Community Health Services, *Reports.* 1966-1968.

The Commission developed three major projects – National Task Forces, Community Action Studies, and Communications – to study community health needs and services. Publications ensuing from these projects were:

Health Manpower: Action to Meet Community Needs. Report of the Task Force on Health Manpower. Washington, D.C.: Public Affairs Press, 1967.

This Task Force foresaw a vast increase in the need for qualified health manpower at all levels of skill in coming years and recommended a series of actions at the State, local, and regional levels, but primarily at the Federal level. It urged effective planning for the recruitment, education, and use of personnel; improved health manpower statistics and information; optimal use of large numbers of allied and auxiliary personnel; increased use of health service administrators; maintenance of quality of personnel; intensified recruitment activities; expansion of existing schools and the establishment of new schools; improvement of the content and quality of the many health curricula; and continued and increased governmental support, especially Federal, for education for the health services.

Changing Environmental Hazards: Challenges to Community Health. Report of the Task Force on Environmental Health. Washington, D.C.: Public Affairs Press, 1967.

Financing Community Health Services and Facilities. Report of the Task Force on Financing Community Health Services and Facilities. Washington, D.C.: Public Affairs Press, 1967.

Comprehensive Health Care: A Challenge to American Communities. Report of the Task Force on Comprehensive Personal Health Services. Washington, D.C.: Public Affairs Press, 1967.

Health Administration and Organization in the Decade Ahead. Report of the Task Force on Organization of Community Health Services. Washington, D.C.: Public Affairs Press, 1967.

Health Care Facilities: The Community Bridge to Effective Health Services. Report of the Task Force on Health Care Facilities. Washington, D.C.: Public Affairs Press, 1967.

Action-Planning for Community Health Services. Report of the Community Action Studies Project. Washington, D.C.: Public Affairs Press, 1967.

The Politics of Community Health by Ralph W. Conant. Report of the Community Action Studies Project. Washington, D.C.: Public Affairs Press, 1968.

Community Structure and Health Action: A Report on Process Analysis by Robert N. Wilson. Report of the Community Action Studies Project. Washington, D.C.: Public Affairs Press, 1968.

Health is a Community Affair. Report of the National Commission on Community Health Services. Cambridge, Massachusetts: Harvard University Press, 1966.

516 World Health Organization. *Training of Medical Assistants and Similar Personnel.* Seventeenth Report of the WHO Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel. Technical Report Series No. 385. Geneva: World Health Organization, 1968.

The Committee concluded that a number of simple functions usually performed by physicians can be delegated to medical assistants within an organized health service, but the specific nature of the duties depends upon the particular country. Automatic upgrading of assistants to physician level should not be allowed, but career incentives should be instituted to attract able candidates.

517 Margulies, Harold and Block, Lucille Stephenson. *Foreign Medical Graduates in the United States.* Cambridge, Massachusetts: Harvard University Press, 1969.

In this critical review of the subject of physician migration to the United States, the authors discuss such topics as the character and role of FMGs in the United States today, the Educational Council for Foreign Medical Graduates, FMGs and immigration policies, and the FMG and the "brain drain." In their view, one of the most critical issues is whether FMGs provide medical care of high enough quality.

The authors recommend that: 1) the U.S. plan to meet the health care needs of its population from its own resources; 2) FMGs who come to the U.S. for graduate education should receive training that will benefit the health care needs of their own countries; 3) FMGs who intend to remain permanently in the U.S. should be selected differently from those who plan to return to their homeland; 4) all physicians who provide health care in the U.S. should receive the same privileges and be under the same regulations, including licensure; 5) immigration laws should be stripped of their ethnic restrictions and not discriminate against physicians on the basis of their country of origin; and 6) physician migration should be continually monitored to implement policy changes.

518 The Carnegie Commission on Higher Education. *Higher Education and the Nation's Health: Policies for Medical and Dental Education*. New York: McGraw-Hill Book Company, 1970.

After examining the current process of education for health professionals in the United States and concluding that there is a shortage of qualified manpower, the Commission developed a number of recommendations to expand, accelerate, and adapt medical and dental education to the changing needs of an effective health care delivery system.

519 Lysaught, Jerome P., Director, National Commission for the Study of Nursing and Nursing Education. *An Abstract For Action*. New York: McGraw-Hill Book Company, 1970.

The Commission studied four major problem areas: 1) supply and demand for nurses, 2) nursing curricula and education, 3) roles and functions of nurses – particularly the relationship between nurses and physicians or other health workers, and 4) nurses' professional status, reflected in remuneration, career opportunity and mobility, etc.

520 World Health Organization. *Training in National Health Planning*. Report of a WHO Expert Committee. Technical Report Series No. 456. Geneva: World Health Organization, 1970.

The Committee considered various characteristics of national health planning systems. It recommended determination of the validity of the models; role analyses to determine functions required, and training and background needed; quality evaluation of various programs; a joint approach to development of training in national health planning to exchange teaching materials; a clearinghouse for literature, resources, and experience in national health planning (which would best be placed within WHO); improvement of international cooperation and exchange; and stimulation and support for professional publications in the field.

521 Millis, John S. *A Rational Public Policy for Medical Education and Its Financing*. New York: The National Fund for Medical Education, 1971. (Known as the "Millis Report")

A crisis in health care has occurred in the United States because the process of medical education does not relate to the public policy for medical services, and current methods of financing medical education are inefficient and inequitable. A national policy is needed to produce more and better physicians from diverse backgrounds in a shorter period of time. Major responsibility for financing medical education must continue to come from the Federal Government, State government, and the private sector, with tax resources paying for current needs and philanthropic sources investing in the future.

522 World Health Organization. *The Development of Studies in Health Manpower*. Report of a WHO Scientific Group. Technical Report Series No. 481. Geneva: World Health Organization, 1971.

The group reviewed a broad range of issues, including the place of health manpower planning as a part of national planning, the need for a comprehensive approach to health manpower planning, and results and methodologies of earlier studies. The report recommended that studies in health manpower be promoted in individual countries and their results widely disseminated, that special training be given to members of study teams, that WHO establish a permanent unit to carry out health manpower studies, and that research be conducted to develop a bibliography on health manpower, a classification of health occupations, and a review of health manpower methodologies.

523 National Commission on Accrediting. *Study of Accreditation of Selected Health Educational Programs (SASHEP), Commission Report*. Washington, D.C.: National Commission on Accrediting, 1971-1972.

The National Commission on Accrediting, with the co-sponsorship of the American Medical Association and the Association of Schools of Allied Health Professions, studied the basic issues and problems of accrediting and in this report presents findings and recommendations regarding the future accreditation of 15 selected health educational programs, specifically, certified laboratory assistants, cytotechnologists,

histologic technicians, medical technologists, inhalation therapy technicians, medical assistants, medical record librarians, medical record technicians, nuclear medicine technicians, nuclear medicine technologists, occupational therapists, orthopedic assistants, physical therapists, radiation therapy technologists, and radiologic technologists. The report is based on extensive interviews, correspondence, and questionnaires to experts in the field as well as on a thorough review of the literature on accreditation and such related topics as certification, licensure, and registration. The Commission has issued a statement of "Basic Policies for Accreditation," and has recommended the establishment of an independent organization, the Council on Accreditation for Allied Health Education, to set forth uniform policies for accreditation of the selected allied health education programs and to serve as liaison with other certifying and licensing agencies. The staff working papers are presented in two parts:

PART I. *Staff Working Papers. Accreditation of Health Educational Programs.* Washington, D.C.: National Commission on Accrediting, October 1971.

Five staff papers, originally prepared for discussion purposes, deal with structure, finance, research, and expansion in relation to accrediting of health educational programs. Also included Part I is a consultant's paper on various ways of establishing a national board to supervise and coordinate all accreditation.

PART II. *Staff Working Papers. Accreditation of Health Educational Programs.* Washington, D.C.: National Commission on Accrediting, February 1972.

This series of papers focuses on the major dilemmas in accreditation, its basic procedures and concepts in regard to 15 out of 18 educational programs currently accredited by the AMA Council on Medical Education, and its relationship to voluntary certification and State licensure. In addition, a consultant's paper discusses legal issues related to health professional associations.

524 National Board of Medical Examiners, the Committee on Goals and Priorities. *Evaluation in the Continuum of Medical Education.* Philadelphia: National Board of Medical Examiners, 1973.

The Committee discussed current medical education and accreditation, distinctions between evaluation, licensure and specialty certification, and future evaluation needs. They made recommendations to the National Board of Medical Examiners concerning the evaluation of undergraduate/graduate transition, the graduate/practice transition, educational achievement, learning, continuing professional competence during practice, FMGs entering graduate education, and new health practitioners. This publication contains a glossary and list of recent references.

525 Institue of Medicine. National Academy of Sciences. *Report of a Study: Costs of Education in the Health Professions. Parts I and II.* Washington, D.C.: GPO, 1974. (DHEW Publication No. (HRA) 74-32.)

Under Section 205 of the Comprehensive Health Manpower Training Act of 1971 (P.L. 92-197), Congress requested the Institute of Medicine (National Academy of Sciences) to provide estimates of the costs of education per student in each of the eight health professions covered by the Act, specifically: medicine, osteopathy, dentistry, optometry, pharmacy, podiatry, veterinary medicine, and nursing. Educational costs refer to the total cost of all resources needed to educate the student, whereas net educational expenditures are defined as educational costs minus that portion covered by income from research or patient care. Part I summarizes the study group's findings and recommendations. Part II reviews the legislative history of Federal aid for health professions education and presents various statistical tables of the results of the Institute's field studies. The forthcoming Part III, in a separate volume, will describe in detail the cost-finding methodology used in the report.

The study focused solely on the costs of education in the eight health professions, not processes, effectiveness, or quality. The methodology was primarily based on time log activity – the amount of time spent by faculty and house staff in educational-related activities for part of Fiscal Year 1973. Field studies were conducted at 82 schools in the eight health professions, selected by factor/cluster analysis rather than random sampling. The data analysis provided estimates of costs of education, research, and patient care for each of the sampled schools. In its recommendations, the study group suggested that Federal funding of capitation grants, based on number of graduates, be used to provide support for health professional schools at the level of 25-40 percent of net educational expenditures.

APPENDIX

SELECTED LIST OF BIBLIOGRAPHIES ON HEALTH MANPOWER

Aday, Lu Ann and Eichborn, Robert. *The Utilization of Health Services: Indices and Correlates; A Research Bibliography 1972.* DHEW Publication No. (HSM) 73-3003. Rockville, Md., 1972.

American Hospital Association. *Health Careers Bibliography.* Chicago: American Hospital Association, 1971.

American Hospital Association. *Health Manpower: An Annotated Bibliography.* Chicago: American Hospital Association, 1973.

American Rehabilitation Foundation, Institue for Interdisciplinary Studies. Occupational Research Division. *The Physician's Assistant: An Annotated Bibliography.* Minneapolis: American Rehabilitation Foundation, 1970 (revised 1971).

Blue Cross Association and the National Association of Blue Shield Plans. *Selected Studies in Medical Care and Economics; Annual Report 1973.* Chicago: Blue Cross Association, 1973.

Brown, Monica and Harten, Carol J. *Health Manpower Planning Bibliography.* Exchange Bibliography Number 134. Monticello, Illinois: Council of Planning Librarians, 1970.

Dunaye, Thomas M. *Health Planning: A Bibliography of Basic Readings.* Exchange Bibliography Number 168. Monticello, Illinois: Council of Planning Librarians, 1971.

Glosgow, John M. "The Economics of Health: A Review of the Literature in the Last Decade." *Choice*, March 1972, pp. 33-42.

Kintgen, Jean. *Interpretation of Literature on Career Ladders and Lattices in Health Occupations Education.* The Center for Vocational and Technical Education, Information Series No. 23. Columbus, Ohio: ERIC Clearinghouse on Vocational and Technical Education, 1970.

National Center for Health Services Research and Development. *A Technology of Health Manpower Utilization: Uniform Measurement and Evaluation.* Health Services and Mental Health Administration, DHEW Publication No. (NIH) 73-429, Washington, D.C.: GPO, 1972.

National Health Council, *Distribution of Health Manpower: An Annotated Bibliography.* New York: National Health Council, 1973.

Ohio Medlars Center, The Ohio State University. *Recurring Bibliography: Education in the Allied Health Professions; Volume 5, April 1972 - March 1973.* Columbus, Ohio: The School of Allied Health Professions, 1973.

U.S. Department of Health, Education, and Welfare, Public Health Service, Health Resources Administration, Bureau of Health Resources Development, Division of Manpower Intelligence. *Medical Specialties: Annotated Bibliography and Selected Ongoing Studies.* DHEW Publication No. (HRA) 74-10, Washington, D.C.: GPO, 1973.

U.S. Department of Health, Education, and Welfare, Public Health Service, Health Resources Administration, Bureau of Health Resources Development, Division of Manpower Intelligence. *Selected State and Regional Reports on Health Manpower Supply and Requirements: An Annotated Bibliography.* DHEW Publication No. (HRA) 74-12. Washington, D.C.: GPO, 1973.

U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, Bureau of Health Manpower Education, Division of Manpower Intelligence. *The Foreign Medical Graduate: A Bibliography*. DHEW Publication No. (NIH) 73-440. Washington, D.C.: GPO. 1973.

76

INDEX OF AUTHORS' NAMES
(NUMBERS REFER TO ITEMS)

American Medical Association 512
Bane, Frank 410
Bayne-Jones, Stanhope 409
Berger, Ann G. 401
Berson, R. C. 505
Block, Lucille Stephenson 517
Carnegie Commission on Higher Education . 518
Carnegie Corporation 513
Carroll, Augustus J. 507
Celebrezze, Anthony J. 313-314
Citizens Commission on Graduate Medical Education 511
Coggeshall, Lowell T. 509
Cohen, Harris S. 436
Cohen, Wilbur J. 317-321
Commission on Medical Education 501
Commonwealth Fund 513
Comptroller General of the United States . . 433
Cope, Oliver 510
Crowther, Beatrice 508
Deitrick, John E. 505
Duval, Merlin K. 334-340
Edwards, Charles C. 345-346
Egeberg, Roger O. 325-326
Eisenhower, Dwight D. 206-214
Ewing, Oscar R. 400
Finch, Robert H. 323-324
Flemming, Arthur S. 309-310
Flexner, Abraham 500
Folsom, Marion B. 302-305
Gardner, John W. 315-316
Gooch, Marjorie 506
Gorham, William 415
Hatch, Thomas D. 426
Hawkins, Christy 504
Hobby, Oveta Culp 300-301
Institute of Medicine 525
Johnson, Lyndon B. 219-233
Jones, Boisfeuillet 411
Jones, Lewis W. 502
Kennedy, John F. 215-218
Knott, Leslie W. 506
Lee, Philip R. 322
Lee, Robert I. 502
Lee-Jones Study 502
Lysaught, Jerome P. 519
Magnuson, Paul B. 405
Margulies, Harold 517
Miike, Lawrence H. 436
Millis, John S. 521
Mountin, Joseph W. 401
National Academy of Sciences 525
National Advisory Commission on Health Manpower 419
National Advisory Health Council 420
National Board of Medical Examiners 524
National Commission on Accreditating . . . 523
National Commission on Community Health Services 515
National Commission for the Study of Nursing and Nursing Education 519
National Health Assembly 503
Nixon, Richard M. 234-245
Pennell, Elliott H. 401
Pennell, Maryland 426
Proffitt, John R. 426
Richardson, Elliot L. 306-308, 327-333
Reed, Lowell J. 402-404
Ribicoff, Abraham 311-312
Rusk, Howard A. 406-407
Shryock, Richard H. 514
Stevens, Rosemary 434
Surgeon General's Committee on Medical School Grants and Finances 402-404
Surgeon General's Consultant Group on Medical Education 410
Truman, Harry S. 200-205
U.S. Congress –
House 408, 427, 428
Senate 411, 422, 429, 435
U.S. Department of Health, Education and Welfare 414, 415, 421, 430, 435
Bureau of Health Manpower 416
Division of Nursing, Program Review Committee 417
National Institutes of Health 432
Bureau of Health Professions Education and Manpower Training, Division of Allied Health 425
Office of Assistant Secretary for Health and Scientific Affairs 431
Office of the Secretary 409, 418

U.S. Department of Labor 414
U.S. Office of Defense Mobilization, Health Resources Advisory Committee . . . 406-407
U.S. President's Commission on the Health Needs of the Nation 405
U.S. President's Commission on Heart Disease, Cancer, and Stroke 413

77

U.S. Surgeon General's Consultant Group on Nursing 412
Vermeulen, Joan 434
Vreeland, Ellwynne M. 506
Weinberger, Caspar W. 341-344
West, Margaret 504, 508
Willard, William 417, 512
World Health Organization 516, 520, 522
Zacharias, Jerrold 510

GPO 882-439